## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000033153 (2) DOCUMENT # 1. Corporation Name

COMMUNICATIONS HARDWARE INTERNATIONAL, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



L								
Principal Place of Business Mailing Address						51 W D	***********	
1971 NW 98 TERRACE APT. M 1971 NW 96 TERRACE APT								
PEMBROKE	PINES FL 33024	PEMBROKE PINES FL 33024				DO NOT INDITE IN THIS SPACE		
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						04/11/1997		
2. Principal P	Place of Business	2a. Mailing Address				TEI Number		oplied For
21	1256 07 230111003	26				(05-0771604	<del> </del>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		equired
City & Stat	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the cu	urrent year Int	tangible
24	25 29 30			Personal Property Tax due June 30. Yes No				
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent				10. Name and Address of New Registered	Agent	
	RAZIL, MARCIA		1	B1	Name			
1971 NW 96 TERRACE APT. M				32	Street Addr	ress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33024				B3 .	<del></del>	·		
					City		es Zin	Code
					•	Fl	_     '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered ago			Agent	signature requir	red when reinstating) DATE	D DIDEOTOF	20.01.40
12. TITLE	OFFICERS AND DIRECTORS  DELETE		13.	1.1 TOTLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	BRAZIL, MARCIA		1.2 NAME				ongo	
STREET ADDRESS 1971 NW 96 TERRACE APT. M				1.3 STREET ADDRESS				
CITY-ST-ZIP		1.4 CITY-ST-ZIP		- 1				
TITLE	PEMBROKE PINES FL 33024	☐ DELE <b>TE</b>	2.1 TITLE		- 211		Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET		DDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP					1
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAN				•	
STREET ADDRESS			3.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE	DELETE		_	4.1 TITLE			Change	Addition
NAME			4. 2 NAI	ME				Ì
STREET ADDRESS			4.3 STR	EET AI	DORESS			
CITY-ST-ZIP	_			4.4 CITY-ST-ZIP				
TITLE	DELETE		_	5.1 TITLE			Change	Addition
NAME			5.2 NAN	AE .				
STREET ADDRESS			5.3 S1R	EET AI	DORESS			
CITY-\$T-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAN	AE.				
STREET ADDRESS			6.3 STR	EET A	DORESS			}
CITY-ST-ZIP			6.4 C(T)					ļ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

4/0/01