

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055637 (7)
Corporation Name
COMMUNICATIONS INTERNATIONAL GROUP, INC.

APPROVED
AND
FILED
98 DEC 24 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
445 POINCIANA ISLAND DRIVE 445 POINCIANA ISLAND DRIVE
N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

3. Date incorporated or Qualified

06/24/1997

4. FEI Number

65-0838795

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No N/A

9. Name and Address of Current Registered Agent

BRYN, MARK J
2 SOUTH BISCAYNE BLVD.
SUITE #3599
MIAMI FL 33131

10. Name and Address of New Registered Agent

AD N/A
NO SALES

81 Name IRINA FLETH-MORRIS
82 Street Address (P.O. Box Number is Not Acceptable)
445 POINCIANA ISLAND DRIVE
83 N. MIAMI BEACH, FL
84 City N. MIAMI BEACH, FL 85 Zip Code 33160

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS
1. NAME PSD
2. STREET ADDRESS CABALLERO, JACQUELINE
3. CITY-STATE-ZIP 445 POINCIANA ISLAND DRIVE
N. MIAMI BEACH FL 33160
4. DELETE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. DELETE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP
12. DELETE
13. NAME
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95. CITY-STATE-ZIP
96. DELETE
97. NAME
98. STREET ADDRESS
99. CITY-STATE-ZIP
100. DELETE

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

Change Addition

Change Addition

Change Addition

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(1), 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, changed, or on an attachment with an address.

SIGNATURE:

Jacqueline Caballero

1/30/98 (305) 740 8000