

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

Amended

APPROVED  
AND  
FILED

98 OCT 15 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000062869 1. Corporation Name FARCOM COMMUNICATIONS, INC.			
Principal Place of Business 701 BRICKELL AVENUE SUITE 3120 MIAMI FL 33131		Mailing Address 701 BRICKELL AVENUE SUITE 3120 MIAMI FL 33131	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		7/21/1997	
22 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		65-0768394	
24 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
27			
28			
29			
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 7000002668187-6 84 City	
11. Pursuant to the provisions of Sections 607.0202 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME LEE, JAMES		1.2 NAME P/CEO/D	
STREET ADDRESS 521 ALTON ROAD SUITE 73		1.3 STREET ADDRESS EVANS, WILLIAM W.	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3120	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME EVP/COO/D	
STREET ADDRESS		2.3 STREET ADDRESS LEACH, THOMAS A.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3120	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME VP/CFO	
STREET ADDRESS		3.3 STREET ADDRESS WHISENANT, RONALD W.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3120	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME ST/D	
STREET ADDRESS		4.3 STREET ADDRESS TRITT, IRA	
CITY-ST-ZIP		4.4 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3120	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		5.2 NAME C/D	
STREET ADDRESS		5.3 STREET ADDRESS FARKAS, MICHAEL D.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3120	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME D	
STREET ADDRESS		6.3 STREET ADDRESS SCHWARTZ, EDWIN L.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP 701 BRICKELL AVENUE, SUITE 3120	
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 if changed, or on an attachment with an address.			
SIGNATURE: <i>Eric Tritt, Secy/Treas.</i> 10/14/98 305-539-0900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)