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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000013915**1. Corporation Name

CORPORATE COMMUNICATIONS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90077 045 ***150.00



		11900 BISCAYNE BLVD STE 250 MIAMI FL 33181			DO NOT WRIT	TE IN THIS S	PACE			
					3. Date Incorpo	rated or Qualifed	2			
					02/11/199	8				
Principal Place of Business 2a. Mailing Address					4. FEI Number	~ ~~		Apı	olied For	
21 5358	3 SW 341 TEXPLACE	26 5358 SW 3	146 1	ERKAL	E 63-0°	8 <i>178</i> 98		No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		\$8.75 A Fee Re		
City & State	woon h	City & State 28 Howwoon	£		6. Election Carr Trust Fund C	npaign Financing Contribution		\$5.00 Added to		
Zip Z	Country	Zip	Country		8. This corpora	tion owes the curre	ent year Intar	ngible	4	
24 333	12 25 USA	29 33312 30	u	<u>sa</u>	Personal Pro				№ No	
	9. Name and Address of Current	Registered Agent	81	1	10. Name and A	Address of New R	legistered A	gent		
DIAMOND MEITH D				Name	FRIEDMAN	J. ALBERT			ļ	
DIAMOND, KEITH D				82 Street Address (P.O. Box Number is Not Acceptable)						
46 SW FIRST ST 4TH FL MIAMI FL 33130					<u> 5358</u>	sw 342	TERRACE			
MIAMI FL 33130				83						
			84	City	11			85 Zip C	3n	
				<u> </u>	Houy wo	<u> </u>	<u> </u>	53	3n	
11. 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 Streature typed or ported profile of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									\	
	Signature, typed or printed name of registered agent OFFICERS AND		CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12				
12.	D OFFICERS AND	□ DELETE	13.		D	ZHANGES TO OF		Change	Addition	
NAME	FRIEDMAN, ALBERT	_ 5-1-1-1	1.2 NAME		FRIEDMAN, ALB	ۯT			_	
STREET ADDRESS	11900 BISCAYNE BLVD STE 250	1	_	TADDRESS	5358 SW 344	TERRACE				
	MIAMI FL 33181		1.4 CITY-S		HOLLYWOOD, FA				}	
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	1-211	D D			Change	Addition	
NAME	FRIEDMAN, BETH		2.2 NAME		FRIEDMAN, BETT	4			}	
STREET ADDRESS	11900 BISCAYNE BLVD STE 250			T ADDRESS	FRIEDMAN, BETT 5358SW & 344	TERRACE				
	MIAMI FL 33181		2.4 CITY-5		Harywood R	33312				
CITY-ST-ZIP TITLE	MIZIMI I E GOTOT	☐ DELETE	3.1 TITLE	71-21	7.4092009,70	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME		_ ::	3.2 NAME							
STREET ADDRESS				TADORESS					1	
CITY-ST-ZIP			3.4. CITY-5			÷.				
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADORESS						
CITY-ST-ZIP			4.4 CITY-S	T- ZIP						
TITLE		☐ DELETÉ	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS					ļ	
			I		I					

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, with all other like empowered.

SIGNATURE: