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Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90073 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800090537

1. Corporation Name

LINITED COMMUNICATION, INC.

ONTED								
Principal Place	e of Business	Mailing Address	-		C INTINGER IN SERVER IN THE CONTROL OF THE	TILL BRITT BESTER II	ÉIIÉ BOLDE DIER	3 (11)11 (8 9) (8 9)
12747 SW 42ND	STREET	12747 SW 42ND STREET	2747 SW 42ND STREET					
SUITE 424 SUITE 424					DO NOT WO	TE 151 TI 110	CHACE	
MIAMI FL 33175 MIAMI FL 33		MIAMI FL 33175	FL 33175		DO NOT WR 3. Date Incorporated or Qualified		SPACE	
					10/23/1998			ļ
Principal Place of Business 2a. Mailing Address					4. FEI Number			pplied For
21	lace of Eddinson	26		65-087/014	/	·	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22	•	27	\bar{d}		5. Certifcate of Status Desired		Fee R	equired
City & State	e	City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the cur	rent year Inta		
24	25		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New	Registered A	Agent	
RODRIGUEZ, DYANELYS				Name				
12747 SW 42ND STREET			82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
	E 424		83		·			
	Al FL 33175		03	'		•		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 2 00 170		84	City		FL	85 Zip	Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporation	oration submits this statement for the on's board of directors. I hereby acce	pi the appoir	changing its atment as re	registered egistered
	Signature, typed or printed name of registered age		•	nt signature require		DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	-		1.1 TITLE				و دریا	
NAME	RODRIGUEZ, DYANELYS 12747 SW 42ND STREET		1.2 NAME	TADDRESS				}
STREET ADDRESS	MIAMI FL 33175							
CITY-ST-ZIP TITLE	MIMMI FL 33173	☐ DELETE	1.4 CITY-5 2.1 TITLE	21-21	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			2.2 NAME				_	
STREET ADDRESS	•			TADDRESS			•	
CITY-ST-ZIP			2.4 CITY-					\
TITLE		☐ DELETE	3.1 TITLE	-			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4, CITY-					
TITLE		☐ DELETE	4,1 TITLE				Change	☐ Addition
NAME	ļ.		4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-			Change	Addition
NAME	\wedge		62 NAME	1				
CTDEET ADDDEEC	/ / / /		6.3 STREE	T ADDRESS				

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 suppliemental 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 by the degiver 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 changes or the anadement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME