SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S04809 TERATECH COMMUNICATION INC. Principal Place of Business Mailing Address 2906 SHIPPING AVENUE 2906 SHIPPING AVENUE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u>65-0221613</u> Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KRALIEVITS, CHRISTOS 2906 SHIPPING AVENUE 82 Street Address (P.O. Box Number Is Not Acceptable) COCONUT GROVE FL 33133 83 84 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition KRALIEVITS, CHRISTOS NAME 1.2 NAME 2908 SHIPPING AVENUE 1.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL** :TY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition KRALIEVITS, CHRISTOS 2906 SHIPPING AVENUE STREET ADDRESS 2.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITI F DELETE 51 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 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 supplier ental 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 of the receiver or trustee empowered to execute this report as required by Chapter 60°, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE: