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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S04809 1. Corporation Name TERATECH COMMUNICATION INC.			
Principal Place of Business 2906 SHIPPING AVENUE COCONUT GROVE FL 33133		Mailing Address 2906 SHIPPING AVENUE COCONUT GROVE FL 33133	
2. Principal Place of Business 21 3725 FRANTZ RD Suite, Apt. #, etc. 22 COCONUT GROVE FL City & State 23 Zip Country 24 33133 25 USA		2a. Mailing Address 26 3725 FRANTZ RD Suite, Apt. #, etc. 27 City & State 28 COCONUT GROVE FL Zip Country 29 33133 30 U.S.A	
9. Name and Address of Current Registered Agent KRALIEVITS, CHRISTOS 2906 SHIPPING AVENUE COCONUT GROVE FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PTV KRALIEVITS, CHRISTOS 2906 SHIPPING AVENUE COCONUT GROVE FL SD KRALIEVITS, CHRISTOS 2906 SHIPPING AVENUE COCONUT GROVE FL CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)