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

PROFIT CORPORATION ANNUAL REPORT

1997

21 Sult



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$17960

(3)

ZYNYX MARKETING COMMUNICATIONS, INC.

FILED Apr 29 1997 8:00am Secretary of State

CARDIAGIO AGE ILOTE INGIO INCIO GIRLO GIRLO CON CARLO DECENDADE CARDE CARDO IONE

Principal Place of Business Mailing Address 407 LINCOLN ROAD THIRD FLOOR THIRD FLOOR	
THIRD FLOOR THIRD FLOOR	
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3020	
12/07/1990 05/01/1	f Last Report 1996
2 Principal Piace of Business 2a. Mailing Address 4. FEI Number	Applied For
26 54-1570575	Not Applicable
27 6. Certificate of Status Desired	8.75 Additional Fee Required
28 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax to Florida Statutes X Yes No.	0
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agen	nt
CATLIN, H. JAMES, JR. 1700 ALFRED DUPONT BLDG. 189 E FLAGLER ST. MIAMI FL 33131 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5	5 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 Plorida. 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 4 applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition BIRNBAUM, RISE Z. NAME 1.2 NAME 9132 VENDOME DRIVE STREET ADDRESS 1.3 STREET ADDRESS BETHESDA MD 20819 CITY-ST-ZIP 1.4 CHTY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ___ Addition NIXON. DAVID PATRICK NAME 2.2 NAME 2084 PRAIRIE AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELE 1E TITLE 4.1 TITLE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS CITY-ST-ZIP

14. I do 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 logal effect as if made under eath; 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 pay an attaching it with an address.

6.4 CITY - \$T - ZIP

71-April 07