

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

FILED

**Jan 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S47426 (9)

1. Corporation Name
KONDRAD COMMUNICATIONS GROUP, INC.



Principal Place of Business 11692 SW 81 ROAD SUITE 209 MIAMI FL 33156 US	Mailing Address 11692 SW 81 ROAD SUITE 209 MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/22/1991

4. FEI Number
65-0257668

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 11239 S.W. 88 STREET Suite, Apt. #, etc. 22 STE. E-116 City & State 23 MIAMI FL Zip 24 33176 Country 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**LANGSTADT, OLIVER J.
9485 SUNSET DRIVE
SUITE A-280
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
815 PONCE DE LEON BLVD.
83
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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 to, if applicable: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KONDRAD, KATHRYN A.	
STREET ADDRESS	11692 SW 81 ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	KONDRAD, KATHRYN A.	
STREET ADDRESS	11692 SW 81 ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11239 S.W. 88 ST. E-116
1.4 CITY-ST-ZIP	MIAMI FL 33176
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11239 SW-88 ST. E-116
2.4 CITY-ST-ZIP	MIAMI, FL 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Kathryn Kondrad* **KATHRYN KONDRAD** 1/19/98 305-720-1509

CR2E034 (10/97)