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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$83699

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E.L. COMMUNICATIONS CORP.

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Mar 24 1997 8:00am
Secretary of State

	ic of Business	Mailing Address			I INDICIDIO IDI IDIDE FIRM DIFIE IRFID IN	,, 0,0,,, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
180-60 BISCAY	YNE BLVD.	8022 FISHER ISLE DR						
NORTH MIAMI	BEACH FL 33160-2504	3K	040					
		MIAMI BEHAC FL 33109-10 US	U48			100 000 0	1 1 - 0	
		US			3. Date Incorporated or Qualified 09/30/1991	3a. Date of 04/16/1		ероп
2. Principa! P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			65-0300619		No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional equired
City & Stat	te	City & State			6. Election Campaign Financing	5	5.00	May Be
3		28			Trust Fund Contribution		Added t	
Zip Country		Zip			8. This corporation has liability for			199.032
4	25	29	29 30		Florida Statutes Yes No			
***	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New R	egistered Ager	it 	
	HERE, LESLIE A PA		81	Name				
	85 BRICKELL AVE		82	Street Add	iress (P.O. Box Number is Not Accepta	ble)		
	E A-207							
MIA	VMI FL 33129		83					
			84	City		85	Zip (Code
				ŕ	poration submits this statement for the	PL	1	
SIGNATURE	Виреати е дъсе 4 гороз без пъвче об терей ге	Jag of pied approprie (NOF	E. Registered Age	ent signature regu	and when reiners and	DATE		
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4. For many certify that the mornison supplies with this raing obes not qualify for the exemptions stated in Section 1950/1907, Minds and states. For this content of this annual report or supplies report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lami 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 it changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Much 15/99.