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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(6)

E.L. COMMUNICATIONS CORP.

## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			
180-60 BISCAYNE BLVD.	8022 FISHER ISLE DR							
NORTH MIAMI BEACH FL 33160-2504	3K Miami Behac Fl 33109 US			LOG	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
				09/30/1991				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		I A	polled For	
21 26				65-0300619			ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.						Additional	
22	27			5. Certificate of Status	Desired		equired	
City & State	City & State			6. Election Campaign F	inancing	\$5.00	May Be	
23	28			Trust Fund Contribut	· -		to Fees	
Zip - Country	Zip Country			8. This corporation owe	s or has paid the cur	rent year in	tangible	
24 25	29	30		Personal Property Ta	ix due June 30.	Yes [	No	
g, Name and Address of Currer	nt Registered Agent			10. Name and Address	of New Registered	Agent		
SCHERE, LESLIE A PA		8	Name					
1865 BRICKELL AVE		8:	Street A	ddress (P.O. Box Number is No	nt Accentable)			
STE A-207		0.	SHEELA	Radiess (F.O. Dox Namber is No	Acceptable)			
MIAMI FL 33129			3				-	
INDUSTRI L GOTES		L					2-1-	
		84	City		FL.	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	re-named o	corporation submits this statement		changing i	ts registered	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida, Such change was a	uthorized b	y the corpo	oration's board of directors. I he	ereby accept the app	ointment as	registered	
	Janot 15 61, 666 libri 667, 6666, 7 16	vida otatot						
SIGNATURE Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE	: Registered A	ent signature r	equired when reinstating)	DATE			
	ID DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE D	DELETE	1.1 TITLE				Change	Addition	
NAME COHEN, LYNNE		1,2 NAME	:				l:	
STREET ADDRESS 8022 FISHER ISLAND DRIVE	1.3 STREE		T ADDRESS					
CITY-ST-ZIP MIAMI FL	FL 1.4 City-St-		ST-ZIP					
TITLE	☐ DELETE	2.1 TITLE				Change	Addition	
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREE	T ADDRESS					
CITY-ST-ZIP		2. 4 CITY						
TITLE	☐ DELETE	3.1 TITLE	<del>***</del>			Change	Addition	
NAME	_	3.2 NAME	,					
STREET ADDRESS			T ADDRESS				ľ	
		3.4. CITY						
CITY-SI-ZIP	☐ DELETE	4.1 TITLE	- 31-417			☐ Change	Addition	
NAME		4. 2 NAM	.					
		1	T ADDRESS					
STREET ADDRESS								
CITY-ST-ZIP	DELETE	4.4 CITY-				Change	Addition	
TITLE	- DETECT	5.1 TITLE				Grange		
NAME		5.2 NAME	i					
STREET ADDRESS		1	T ADDRESS				j	
CITY-ST-ZIP	C SELECT	5,4 CITY-	<del></del>			Change	Addition	
TIFLE	DELETE	6.1 TITLE				Grange	AQUINON	
NAME		6.2 NAME	i					
STREET ADDRESS			T ADDRESS					
CITY-ST-ZIP		6.4 CITY	ST-ZIP	11.0 11.110.07(0)(0) = 11.11	- Ot - 1 - 1 - 1 - 1 - 1		- Naga ini asfair	
14. I hereby certify that the information supplied v	vith this filing does not qualify fo	r the exem	ption stated	a in Section 119.07(3)(i), Florida	i Statutes. I further ce	ruty that the	intormation	

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 chapter 607 on an attachment with an address.

SIGNATURE:

1-598