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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	AN #1 12×	DIVISION OF	CORPORA	A11U						
 Corpora 	tion Name	35364	(5)								
E &	U COMMUNICATIONS	S, INC.					1 1881 1818 181 1818 1 811	11 1111 2 1 1111	[1]: (1): (1)	i Bháhi Bibi	#1#1
Principal P ti	ace of Business	Mai	ling Address	~							
177 OCEAN LANE DR.			177 OCEAN LANE DR. SUITE 204								
SUITE 20	SUITE 204 KEY BISCAYNE FL 33149										
KET BISK	ATNE FL 33149	K	EY BISCAYNE FL 33	3149			3. Date Incorporated or C	Qualified	3a. Date		
. Principal	Place of Business	2a.	Mailing Address				10/07/1991 4. FEI Number		U	/01/19	
į		26					65-0304970				Applied For Not Applicable
Strite, Ap	it. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status De	esired		\$8.75	Additional Regulred
Oity & St	ate .	28	City & State				Election Campaign Fina Trust Fund Contribution	-		\$5.0	0 May Be
Zφ	Country	····	Zip	Cour	ntry		8. This corporation has lia				199.032
	9. Name and Address	29		30			Florida Statutes	Yes	□ No		
	9, Italie and Address i	or Current Registe	ereo Agent		81	Name	10. Name and Address of	of New Re	gistered A	gent	
ESTE	LA, JOSE LUIS			L							
	DCEAN LANE DR.				82	Street Addr	ress (P.O. Box Number is Not A	Acceptable)		
#204					83						
KEY I	BISCAYNE FL 33149			-	84	City				85 Zg	Code
	it to the provisions of Sections tered agent, or both, in the Sta					····	ration submits this statement for	or the purp	FL ose of chan	ging its re	egistered office
famil ar	with, and accept the obligation:	ns of Section 607.08	505. Florida Statutes	ed by the co s.	ve-na orpor	amed corpor ration's boar	rd of directors. I hereby accept	or the purp the appoi		ging its re egistered	egistered offic agent. I am
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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 only. In at Larn 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 13 if changed, or on an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/2/

3650867