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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$85364

(5)

E & U COMMUNICATIONS, INC.

FILED Jan 27 1997 8:00am Secretary of State

1 184(18) 2 (6) 1015( (	BALBE SAMEN BISTA MARKA BESTE	
I IEANIBIE INI ININI	BIRKO K RINKO MARKA MINISTRA	EL BLAND BLBLO BLETT 3180 BLBL) JO
	8 1 2 M F F F F F F F F F F F F F F F F F F	21 MARIA BIRSI KARA BIRA BIRA BIRA
	1 11 A 1 T T T T T T T T T T T T T T T T	K BANK SING BINI BINK WANG 12
	1 II M	
	LIINN IMIR EFII: BIBI BIBI	M ALBER BERLE BERLE BERLE BERLE BERLE BE
		41 MINIS WINIS NIGHT NIGHT NIGHT NIGHT NIGHT 30

Principal Plac	ce of Business	Mailing Address			f håbligen ift jæter glight hitlit kritt aset mider diftit dibet bren drest esest sest	
177 OCEAN LANE DR. SUITE 204 KEY BISCAYNE FL 33149		177 OCEAN LANE DR. SUITE 204 KEY BISCAYNE FL 33149-1425				
NEI DIOUNIN	L I C WITT	HET BIOCHTHE IE BOTTO			3. Date Incorporated or Qualified	
2. Principal f	Pace of Business	2a. Mailing Address			4. FEI Number Applied For	
1		26			65-0304970 Not Applicat	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
2		27			Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip ≱4	Country	Zip	Coun	iry	<ol> <li>This corporation has liability for intangible tax under s. 199.032,</li> <li>Florida Statutes</li> </ol> Yes □ No	
4	9. Name and Address of Current		30		10. Name and Address of New Registered Agent	
• FS1	rela, jose luis		18	11 Name		
	OCEAN LANE DR.		L			
#204			18	Street A	Address (P.O. Box Number is Not Acceptable)	
	Y BISCAYNE FL 33149		- E	3		
,,,,,,			ļ.,	4 0	Apr   7"- 0-4-	
			•	4 City	FL 85 Zip Code	
SIGNATURE:	Signature hypera or particul man is of registered ages OFFICERS AND	·····	E: Registered	Agent signalure	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T D	DELETE	1.1 TITL	E .	☐ Change ☐ Addit	
NAME	ESTELA, JOSE LUIS		1.2 NAN	ıε		
STREET ADDRESS	177 OCEAN LANE DR. #204		1.3 STR	ET ADDRESS		
CITY-ST-ZiP	KEY BISCAYNE FL	· · · · · · · · · · · · · · · · · · ·		-ST-ZIP		
TITLE	D D	☐ DELETE	21 TITL		Change Addit	
NAME	URDANETA, INES 177 OCEAN LANE DR. #204		22 NAN			
STREET ADDRESS	KEY BISCAYNE FL 33149			ET ADDRESS		
CITY-ST-ZiP	RET DISORTHE PE 30149	DELETE		Y-ST-ZIP	Change Addii	
TiTLE NAME			31 THTL 32 NAA		I Change III Audit	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				r+ST-ZIP		
TITLE		DELETE	4.1 TITL		☐ Change ☐ Addii	
NAME			4. 2 NA	vie		
STREET ADORESS			4.3 STR	EET ADDRESS		
CITY - S1 - ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL	E	☐ Change ☐ Addii	
NAME			5.2 NAM	Më	( ) \ <b>A</b>	
STREET ADORESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP		De etc		r - ST - ZIP		
TITLE		☐ DELETE	6,1 TITL		4000020724444ange Adde -01/29/9701053036	
NAME			6.2 NAM		-01/29/9701053036	
STREET ADDRESS	1		6.3 STR	EET ADDRESS	***165.00	

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 legal effect as if made under oath; that I am an olficer or director of the corporation or the receiver or Irustee 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: 

| 100 | 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 olficer or director of the corporation or the receiver or Irustee 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: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1

Phone #