

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01225 (4)
1. Corporation Name
NEW ERA COMMUNICATIONS CORPORATION



Principal Place of Business

Mailing Address

~~P.O. BOX 2~~
~~MIAMI FL 33135-0002~~
US

~~P.O. BOX 2~~
~~MIAMI FL 33135-0002~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1991

4. FEI Number

65-0388464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee 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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 P.O. Box 751

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33135-0751

Country

25 MIAMI-DADE

2a. Mailing Address

26 P.O. Box 751

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33135-0751

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

MURPHY, HELEN A.
6952 WILLOW LANE
MIAMI LAKES FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MURPHY, HELEN A.
STREET ADDRESS 6952 WILLOW LANE
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ DELETE

TITLE DV
NAME HUTCHINSON, NORMA
STREET ADDRESS 6952 WILLOW LANE
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ DELETE

TITLE DS
NAME GONZALEZ, MIRIAM M
STREET ADDRESS 850 N MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33136 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Helen A. Murphy

3-13-98

CR2E034 (10/97)