

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

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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V52369 (8)

1. Corporation Name
T.A. COMMUNICATIONS, INC.



Principal Place of Business 8572 NW 56ST SUITE 210 MIAMI FL 33166 US	Mailing Address PO BOX 141421 SUITE 210 CORAL GABLES FL 33114-1421 US
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3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 8045 NW 36ST.	2a. Mailing Address 26 P.O BOX 141421
Suite, Apt. #, etc. 22 STE. 516	Suite, Apt. #, etc. 27 _____
City & State 23 MIAMI, FL.	City & State 28 CORAL GABLES, FL.
Zip 24 33166	Country 25 US
Zip 29 33114-1421	Country 30 US

4. FEI Number 65-0356426	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TOVAR, ANTONIO
10110 SW 56TH ST
MIAMI FL 33178**

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE
NAME	TOVAR, ANTONIO	
STREET ADDRESS	9651 SW 77 AVE. #E-305	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PAEZ, ADELA A.	
STREET ADDRESS	9651 SW 77 AVE. #E-305	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAYRA TOVAR	
1.3 STREET ADDRESS	9641 SW 77 AVE #D302	
1.4 CITY-ST-ZIP	MIAMI, FL, 33156	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERTO CHANG	
2.3 STREET ADDRESS	9641 SW 77 AVE # 302 D	
2.4 CITY-ST-ZIP	MIAMI, FL, 33156	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: _____ **4/01/97 305-436-5022**

CR2E034 (9/96)