

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 8045 NW 36ST STE 516 MIAMI FL 33166 US	Mailing Address PO BOX 141421 SUITE 210 CORAL GABLES FL 33114-1421 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/20/1992

2. Principal Place of Business 21 8045 NW 36 ST. Suite, Apt. #, etc. 22 Ste 516 City & State 23 MIAMI, FL. Zip 24 33166 Country 25 USA	2a. Mailing Address 26 P.O BOX 141421 Suite, Apt. #, etc. 27 City & State 28 Coral Gables, FL. Zip 29 33114 Country 30 USA
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4. FEI Number 65-0356426	Applied For <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TOVAR, ANTONIO
10110 SW 58TH 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		DELETE
TITLE	S	<input checked="" type="checkbox"/>
NAME	MAYRA, TOVAR	
STREET ADDRESS	9841 SW 77 AVE #D302	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	CHANG, ROBERTO	
STREET ADDRESS	9841 SW 77 AVE #302 D	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MOROS MIGUEL A		
1.3 STREET ADDRESS	15636 NW 12 MANOR ST.		
1.4 CITY-ST-ZIP	Pembroke Pines FL 33028		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(j), 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 _____ **4/20/98 705 476 5022**

CR2E034 (10/97)