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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:49

DOCUMENT # 632921 (3)

1. Corporation Name
TELCON, INC.

Principal Place of Business	Mailing Address
1900 NW 44TH ST. POMPANO BEACH FL 33064	1900 NW 44TH ST. POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/16/1979
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21: 4341 NW 19 AVE.
22: Suite, Apt. #, etc.
23: City & State: POMPANO BEACH, FL
24: Zip: 33064 Country: 25: USA

2a. Mailing Address
26: 4341 NW 19 AVE.
27: Suite, Apt. #, etc.
28: City & State: POMPANO BEACH, FL
29: Zip: 33064 Country: 30: USA

4. FEI Number: 59-1939248 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

D'ALESSANDRO, GIOVANNI
5999 NW 62 TERR
PARKLAND FL 33064

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: Giovanni D'Alessandro, Vice President 1/11/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT D'ALESSANDRO, QUIRINO 17455 IRIS CIRCLE CLINTON TOWNSHIP MI	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition OMIT QUIRINO AS AN OFFICER/DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS D'ALESSANDRO OLINDO 17909 GARDENIA LANE CLINTON TOWNSHIP MI	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition PT OLINDO D'ALESSANDRO (Same address as in Block 12)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition VS D'ALESSANDRO, GIOVANNI 5999 NW 62 TERR. PARKLAND FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition S D'ALESSANDRO, FRANCESCO 3101 PORT ROYALE BLVD. #128 FT.LAUDERDALE FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: Giovanni D'Alessandro 1/11/95 (305) 979-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010700 CP