FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000042590 (6)**

1. Corporation Name

A & R DIVISION OF TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6759 N. KENDALL DR. #C-213 MIAMI FL 33156	6759 N. KENDALL DR. #C-213 MIAMI FL 33156

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 9807 NW 80TH AVE
22 Suite, Apt. #, etc: BAY 11N
23 City & State: HIALEAH GARDEN FL
24 Zip: 33016
25 Country: USA

2a. Mailing Address
26: 9807 NW 80TH AVE
27 Suite, Apt. #, etc: BAY 11N
28 City & State: HIALEAH GARDEN FL
29 Zip: 33016
30 Country: USA

4. FEI Number: 65-0602391 ☐ 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

~~BUITRAGO, MYRIAM~~
~~6759 N. KENDALL DR.~~
~~#C-213~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: MAURICIO BUITRAGO
82 Street Address (P.O. Box Number is Not Acceptable): 6759 SW 80TH ST
83: APT C 213
84 City: MIAMI FL 85 Zip Code: 33157

11. Pursuant to the provisions of Section 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 my position as registered agent under Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☒ DELETE
NAME	~~BUITRAGO, MYRIAM~~	
STREET ADDRESS	~~6759 N. KENDALL DR., #C213~~	
CITY-ST-ZIP	~~MIAMI FL 33156~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PSD	☐ Change ☐ Addition
1.2 NAME	BUITRAGO, MAURICIO	
1.3 STREET ADDRESS	6759 SW 80TH ST APT C 213	
1.4 CITY-ST-ZIP	MIAMI FL 33157	
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 do 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, added or deleted with an address.

SIGNATURE: [signature] Mauricio Buitrago 1/18/96 305-827-0177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)