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FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000063869 (7)

1. Corporation Name  
INTELLIGENT COMMUNICATIONS, INC.



Principal Place of Business  
POST OFFICE BOX 551405  
FORT LAUDERDALE FL 33355

Mailing Address  
POST OFFICE BOX 551405  
FORT LAUDERDALE FL 33355-1405

3. Date Incorporated or Qualified  
07/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0688219

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301~~

81 Name  
Jay D. Mussman

82 Street Address (P.O. Box Number is Not Acceptable)  
5881 NW 151st #101

83

84 City  
Miami Lakes, FL 85 Zip Code  
33014

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

Jay D. Mussman

1/21/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
D HOYO, DELIA M  
STREET ADDRESS  
1042 WEST 68TH STREET  
CITY-ST-ZIP  
HIALEAH FL 33014

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
615 E. 34th Street  
Hialeah, FL 33013

TITLE  
NAME  
D HALVORSEN, KEVIN M  
STREET ADDRESS  
149 WEST RIVERBEND DRIVE  
CITY-ST-ZIP  
SUNRISE FL 33326

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
D Barroso, Jose  
STREET ADDRESS  
615 E. 34th Street  
CITY-ST-ZIP  
Hialeah, FL 33013

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
D Barroso, Jose  
STREET ADDRESS  
615 E. 34th Street  
CITY-ST-ZIP  
Hialeah, FL 33013

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
D Barroso, Jose  
STREET ADDRESS  
615 E. 34th Street  
CITY-ST-ZIP  
Hialeah, FL 33013

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
D Barroso, Jose  
STREET ADDRESS  
615 E. 34th Street  
CITY-ST-ZIP  
Hialeah, FL 33013

6.1 TITLE  
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:

*Delia M. Hoyo*

Delia M. Hoyo

1/24/97

954-389-4779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)