

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

FILED

**Mar 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000018428 (7)
 1. Corporation Name
INKTEL MARKETING CORP.



Principal Place of Business 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE MIAMI FL 33131	Mailing Address 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE MIAMI FL 33131
--	--

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Zip

3. Date Incorporated or Qualified 02/27/1997	
4. FEI Number 65-0734857	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

MURAJ, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Gilberto M. Duarte, Jr.	
STREET ADDRESS	4430 Anderson Road	
CITY-ST-ZIP	Coral Gables, Fl. 33146	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Eugenio Martinez	
STREET ADDRESS	5500 S.W. 82nd Avenue	
CITY-ST-ZIP	Miami, Fl. 33155	
TITLE	Chairman	<input type="checkbox"/> DELETE
NAME	Jose (Joe) Arriola	
STREET ADDRESS	7855 S.W. 82nd Court	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Lourdes Arriola	
STREET ADDRESS	7855 S.W. 82nd Court	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Robert (Bob) Walters	
STREET ADDRESS	12845 N.W. 45 Avenue	
CITY-ST-ZIP	Miami, Fl. 33054	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

SIGNATURE _____ **ROBERT G. WALTERS** 3/1/98 (305) 685-7381

CR2E034 (10/97)