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Secretary of State

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PROFIT CORPORATION ANNUAL-REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081627

1. Corporation Name TELECARIBE INTERNATIONAL, CORP

Principal Place of Business 13727 SW 152ND STREET SUITE 244 MIAMI FL 33177

Mailing Address 13727 SW 152ND STREET SUITE 244 MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number 65-0786041

Applied For Not Applicable

2. Principal Place of Business 21 770 PONCE DE LEON BLVD Suite, Apt. #, etc.

2a. Mailing Address 26 770 PONCE DE LEON BLVD Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 222 City & State

27 222 SUITE City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 CORAL GABLES FL. Zip Country

28 CORAL GABLES FL. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.

24 33134 25

29 33134 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOMAZA, DOMINGO 15475 SW 146TH TERRACE MIAMI FL 33196

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD CONTRERAS, MIGUEL A DELETED STREET ADDRESS AVENIDA MIRANDA, SECTOR CRUZ GRANDE, PORLAMAR E.N. ESPARTA VEN CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE SD SOMAZA, DOMINGO DELETED STREET ADDRESS 15475 SW 146TH TERRACE MIAMI FL 33196 CITY-ST-ZIP

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

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

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

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

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

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

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

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 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 on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-1999-805-443401

CR9E034 (11/98)