PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P97000006769

1. Corporation Name

AMERICAN BUSINESS TELEPHONES, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90050 014 ***150.00

}				-				
Principal Place of Business Mailing Address								
2921 SW 132nd AVENUE P O BOX 65~430			4306	06				
MTAMT.	FL 33175	MIAMI, FL. 33265-4306		96	DO NOT WRITE IN THIS SPACE			
MIMIL, ID 33173 MIMIL, ID. 3			30200 .50		3. Date Incorporated or Qualifed			
				1	01/17/1997			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 11829 SW 117 CT		26 11829 SW 117CT			65-0746093		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1.1	5 Additional	
[22]		City 8 State				Fee	Required	
City & State 23 MIAMI FL		City & State 28 MIAMI FL		1	6. Election Campaign Financing	, , , ,	\$5.00 May Be Added to Fees	
Zip Country		Zip Country			Trust Fund Contribution		d to Fees	
24 3315		9 33155 30		ì	This corporation owes the curren Personal Property Tax.	nt year intangible ∐Yes	IXNo	
24 0010	9. Name and Address of Current I				Name and Address of New Rev		22,10	
81 Name					GUIROLA, IVAN			
GONZALEZ, LUIS A				t Address (P.O. Box Number is Not Acceptable)				
2921	62 Silee	11829 SW 117 CT						
MIAMI	83							
	·, 12: 001.0		84 City			85 Zi	p Code	
			Jan Old	MI	AMI	FL 1° 1	33155	
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	× X Justa							
SIGNATURE Signature price or firstless from of registered agent and true it applicable (NOTE Re 12. OFFICERS AND DIRECTORS			Registered Agent signature	required whe	in reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TOPS IN 12	
TITLE	D CFFICERS AND	M DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC		
NAME	GONZALEZ, LUIS A		1.2 NAME	ļ				
STREET ADDRESS				<u>,</u>]			1	
CITY-ST-ZIP	MIAMI, FL. 33175		1.3 STREET ADDRESS					
TITLE	D	☐ DELETE	2.1 TITLE	DPV	ST	(X) Chang	e Addition	
NAME	GUIROLA, IVAN		2.2 NAME	GUI	GUIROLA, IVAN			
STREET ADDRESS	11829 SW 117 CT		2.3 STREET ADDRESS		29 SW 117 CT			
CITY-ST-ZIP	MIAMI FL 33155		2,4 CITY-ST-ZIP	MIA				
TITLE		☐ DELETE	31 TITLE	7		☐ Chang	e 🔲 Addition	
NAME			3.2 NAME	1			ł	
STREET ADDRESS			3.3 STREET ADDRESS	s				
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP	ļ	·			
TITLE		☐ DELETE	4.1 TITLE	l		☐ Change	e 🗌 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	3			}	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	 				
TITLE		☐ DELETE	5.1 TITLE	}		Chang	e 🔲 Addition	
NAME			5.2 NAME]	
STREET ADDRESS			5.3 STREET ADDRESS	1				
CITY-ST-ZIP		C) Descre	5.4 C/TY-ST-Z/P	 				
TITLE		☐ DELETE	6.2 NAME	Ì		Change	e 🔲 Addition	
NAME			0.2 NAME)			ļ	

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 of 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.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Daytime Phone #

(00) 447 (00)