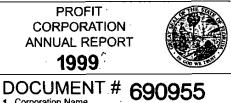
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT · CORPORATION ANNUAL REPORT **1999**

MACROTEL INTERNATIONAL CORPORATION

1, Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS .

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90158 014 ***150.00



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Principal Place	of Business	Mailing Address			1 (P214) Attie serri 64(10 1010) griff Atti 619		1811 61811 (881
6001 PARK OF COMMERCE BLVD. 6001 PARK OF COMMERCE BOCA RATON FL 33487 BOCA RATON FL 33487			BLVD.				
BOOM HATON I	FL 33467	BOOK HATON TE 30401			DO NOT WRITE IN TH	IIS SPACE	
		•			3. Date Incorporated or Qualifed		
	·				06/18/1981		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	<u> </u>	plied For
21		26			59-2203082		t Applicable
Suite, Apt.:	#; etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	٩٥.7.3 .A -ــــــــــــــــــــــــــــــــــــ	انت ا quired
City & State		City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24		29 30]		Personal Property Tax.		□No _
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	d Agent	
FEDN	JANDET ICADEL C.D.		81	Name			Ì
	NANDEZ, ISABEL S.B. PARK OF COMMERCE BLVD.		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	A RATON FL 33487		-			,	
BUC.	A RATON FL 33407		83				ì
			84	City		85 Zip C	Code
						of changing its	ropiotorod
office or re	egistered agent, or both, in the State	of Florida. Such change was author	rized by	the corpora	propriation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as rec	gistered
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Rec	stered Ager	nt signature regu	ured when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1,1 TITLE			☐ Change	Addition
NAME	FERNANDEZ, CARLOS C		1.2 NAME	ŀ			į
STREET ADDRESS	7711 SALEM LANE		1.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-S	T-ZIP			
TITLE	TS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	FERNANDEZ, ISABEL S.B.		2.2 NAME				}
STREET ADDRESS	7711 SALEM LANE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	PARKLAND FL		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME		•		1
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	İ		Change	Addition
NAME			4.2 NAME				1
STREET ADDRESS				T ADDRESS			1
C/TY-ST-ZIP			4.4 CITY-S	T-ZIP	-	Change	Addition
TITLE		☐ DELETE	5.1 TITLE		•	☐ cuarda	☐ Addition
NAME			5.2 NAME	TADDOCES			
STREET ADDRESS	•			T ADDRESS			
CITY-ST-ZIP		☐ DEL <mark>ETE</mark>	5.4 CITY-S 6.1 TITLE	11-212		Change	Addition
πιε		☐ NEFE IC	6.2 NAME				C. Addition
NAME	. <u>.</u>			TADODECC			
STREET ADDRESS				TADORESS			
City-St-ZIP	•		6.4 CITY-S	1-217			

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 frue 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 han all actiment with an extremely supplementation 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 han all actiment with an extremely supplementation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is fully formation.

SIGNATURE:

561-997-5500