SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F93000000913 (4)

1. Corporation Name

BIG SWITCH CORP.

Principal Place of Business	Mailing Address
8657 NW 56 ST. MIAMI FL 33166	8657 NW 56 ST. MIAMI FL 33166

2. Principal Place of Business
21 8021 NW 14 St.
Suite, Apt #, etc
22
City & State
23 MIAMI, FL.
Zip 24 33126 Country 25

2a. Mailing Address
26 8021 N.W. 14 St.
Suite, Apt #, etc
27
City & State
28 MIAMI, FL.
Zip 29 33126 Country 30

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 04/11/1995
4. FEI Number: 98-0313886 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

ALVAREZ, GASTON R
1313 PONCE DE LEON BLVD.
STE. 300
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**
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 ____________________ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. **OFFICERS AND DIRECTORS**

TITLE	DCP	☐ DELETE
NAME	DONOSO, ELEAZAR	
STREET ADDRESS	8657 NW 56 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DVCS	☐ DELETE
NAME	CARGILL, GEORGE	
STREET ADDRESS	8657 NW 56 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DT	☐ DELETE
NAME	DONOSO, JAIME	
STREET ADDRESS	8657 NW 56 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	☐ DELETE
NAME	CARGILL, GEORGE	
STREET ADDRESS	8657 NW 56 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8021 N.W. 14 St.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33126	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	8021 N.W. 14 St.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33126	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	8021 N.W. 14 St.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33126	
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	8021 N.W. 14 St.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33126	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

7/26

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELEAZAR DONOSO 7/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE