SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

F9400001391 (1)

CYPRESS TELECOMMUNICATIONS CORPORATION

1										
Principal Place of Business			Mailing Address						I FREEDON ELIN ARILL RIDEL MOLLE ROTAL MORAL MA	
11811 NORTH FREEWAY			118	11811 NORTH FREEWAY						
SUITE 800				SUITE 800					DO NOT WRITE IN T	UO 8040F
HOUSTON TX 77060			HO	HOUSTON TX 77060				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
1									03/18/1994	
2. Principal P	lace of Busine	2a.	2a. Mailing Address					4. FEI Number	Applied For	
21			26	3				76-0106117	Not Applicable	
Suite, Apt. #, etc,			\vdash	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
City & State			27	7 City & State					Fee Required	
23			28	n '					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	_ 20]	Zip	Co	ountry		 -	8. This corporation owes or has paid the c	
24	2	¬ '	29		30	,			Personal Property Tax due June 30.	Yes No
	9. Name a	nd Address of Curren	t Regis	tered Agent					10. Name and Address of New Registers	d Agent
NRAI SERVICES, INC.						81	Name			
526 E. PARK AVENUE						82	Street A	ddress	(P.O. Box Number is Not Acceptable)	
TALI	Laha s see f	L 32301								
]						83				
						84	City		F	85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-parted 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: F 12. OFFICERS AND DIRECTORS							gent signature	required	when reinstating) DATE	AND DIDECTORS IN 40
TITLE	PVST	OFFICENS AN	DINE	DELETE	111	FITLE	Т		ADDITIONS/CHANGES TO OFFICERS	
NAME	SCOTT, RO	GER L		[] becele		NAME				Change Addition
STREET ADDRESS		TH FREEWAY					ADDRESS			
CITY-ST-ZIP	HOUSTON	TX 77060			1.40	CHTY-ST	-ZIP			
TITLE	D			DELETE	2.11	TITLE				Change Addition
NAME	MCNAIR, B				2.2 N	NAME				0.5
STREET ADDRESS		TH FREEWAY			235	STREET.	ADDRESS			
CITY-ST-ZIP	HOUSTON	1X 77060			_	CITY-ST	ZIP			
TITLE				DELETE		TITLE				Change Addition
NAME PERCENAPORES					4.27	NAME	****			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				DELETE		CITY-ST	ZIP			1 0
NAME				[_] DELETE	1	VAME				L_ Change L_ Addition
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						CITY-ST				
TITLE	<u>_</u>			DELETE		ITLE				Change Addition
NAME					5.2 N	IAME				
STREET ADDRESS					5.3 S	TREET	ADDRES\$			
CITY-ST-ZIP					5.4 C	ITY-ST-	ZIP			
TITLE				☐ DELETE	6.1 T	ITLE				Change Addition

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 it changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CHATURE. IL A GID INTROLEGICO COMO

STREET ADDRESS

CITY-ST-ZIP

0/00/05

22E034 (5/98)

FILED

Sep 03 1998 8:00am

Secretary of State