FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-5-95 B-76542 C

DOCUMENT # F94000006342 (9)

1. Corporation Name

EASTON TELECOM SERVICES INC

Principal Place of Business
4615 W. STREETSBORO RD., #210
RICHFIELD OH 44286

Mailing Address
4615 W. STREETSBORO RD., #210
RICHFIELD OH 44286

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report:
4. FEI Number: 34-1713206 — 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 elected to be exempt ... Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIMPSON, LARRY D ESQ
1102 N. GADSDEN ST.
TALLAHASSEE FL 32303

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 ______ Registered Agent signature ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ Change ☐ Addition
NAME	MOCAS, ROBERT E	
STREET ADDRESS	291 TIMBERLANE RD.	
CITY-ST-ZIP	NORTHFIELD OH 44067	
TITLE	VS	☐ Change ☐ Addition
NAME	MOCAS, HEIDI H	
STREET ADDRESS	291 TIMBERLANE RD.	
CITY-ST-ZIP	NORTHFIELD OH 44067	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(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.

SIGNATURE: Robert E Mocas — 6-27-95 — 216 659-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -6 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000458 (9)

1. Corporation Name
ALLAPATTAH CHAMBER OF COMMERCE, INC.

Principal Place of Business: 2513 N.W. 20TH ST. MIAMI FL 33142
Mailing Address: 2513 N.W. 20TH ST. MIAMI FL 33142

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:
4. FEI Number: 65-0514793 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: No — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CABEZAS, RAFAEL
2513 N.W.20TH ST.
MIAMI FL 33142

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 617.0502 and 617.1508 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 617.0503 Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	D
NAME	BARRIOS, JOSE A
STREET ADDRESS	3001 N.W. 17TH AVE.
CITY ST ZIP	MIAMI FL 33142
TITLE	~~D~~ D
NAME	~~GONZALEZ, ANGEL~~ GONZALEZ ANGEL
STREET ADDRESS	~~2515 N.W. 20TH ST.~~ 2515 NW 20 st
CITY ST ZIP	~~MIAMI FL 33142~~ MIAMI, FL 33142
TITLE	D
NAME	~~URRA, ORLANDO~~
STREET ADDRESS	~~2515 N.W. 20TH ST.~~
CITY ST ZIP	~~MIAMI FL 33142~~
TITLE	D
NAME	BENCOMO, ESTEBAN
STREET ADDRESS	2513 N.W. 20TH ST.
CITY ST ZIP	MIAMI FL 33142
TITLE	D
NAME	NOVO, GUILLERMO
STREET ADDRESS	2515 N.W. 20TH ST.
CITY ST ZIP	MIAMI FL 33142
TITLE	D
NAME	CABEZAS, RAFAEL
STREET ADDRESS	2515 N.W. 20TH ST.
CITY ST ZIP	MIAMI FL 33142

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐	☐
2 TITLE	VICE CHAIRMAN	☐	☐
2 NAME	ANGEL GONZALEZ		
2 STREET ADDRESS	2515 NW 20 st		
2 CITY ST ZIP	MIAMI, FLA 33142		
3 TITLE	VICE CHAIRMAN	☒	☐
3 NAME	RUBEN VALDEZ		
3 STREET ADDRESS	2015 NW 20 ST		
3 CITY ST ZIP	MIAMI, FLA 33142		
4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐	☐
5 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐	☐
6 TITLE	DIRECTOR	☐	☒
6 NAME	Rodovaldo Valdes		
6 STREET ADDRESS	3551 NW 20 ST		
6 CITY ST ZIP	MIAMI, FLA 33142		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Angel Gonzalez Vice Chairman 6/23/95 305-635-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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