

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000002130 (1)

1. Corporation Name  
ETI-TELECOMMUNICATIONS INC.



Principal Place of Business  
17 JOHN ST.  
16TH FLOOR  
NEW YORK NY 10038

Mailing Address  
17 JOHN ST.  
16TH FLOOR  
NEW YORK NY 10038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/26/1995

2. Principal Place of Business  
21 1451 West Cypress Creek Road  
Suite, Apt. #, etc.  
22 Suite 200  
City & State  
23 Fort Lauderdale  
Zip  
24 33309 Country  
25

2a. Mailing Address  
26 1451 West Cypress Creek Road  
Suite, Apt. #, etc.  
27 Suite 200  
City & State  
28 Fort Lauderdale  
Zip  
29 33309 Country  
30

4. FEI Number  
11-3099624 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F  
825 THOMASVILLE RD.  
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  
85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	OUSTATCHER, AVROHOM	
STREET ADDRESS	17 JOHN ST.	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTONE, MENACHEM	
STREET ADDRESS	17 JOHN ST.	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gerald M. Dunne, Jr	
1.3 STREET ADDRESS	1451 W. Cypress Creek Road, Suite 200	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sam Hittner	
2.3 STREET ADDRESS	1451 W. Cypress Creek Road, Suite 200	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peter Russo	
3.3 STREET ADDRESS	1451 West Cypress Creek Road, Suite 200	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: **FILED** **FILE REQUIRED**

1/21/98

(954) 771-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0519089

CR2E034 (10/97)