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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9800001166

1. Corporation Name

ONE TEL INC.

Principal	Place	of	Business					

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90054 012 ***150.00



Principal Plac	e of Business	Mailing Address		1		1				
111 W. OCEAN	BLVD #2450	111 W, OCEAN BLVD., #24	50	1						
LONG BEACH CA 90802		LONG BEACH CA 90802		;			DO NOT WR	ITE IN THIS	SPACE	
				1		3 Data Incom	porated or Qualifed		OF ACL	
				1		02/26/19				
3 Deimein al G	lace of Business	2a. Mailing Address				4. FEI Number		_		Applied For
	race of Business	⊢ •				95-4667	-		J	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	·		<u> </u>	354001	232	-		Additional
— '''	π, οιο.	27				5. Certifcate	of Status Desired			Required
22 27						6 Flortion C			¢5 0	O May Pa
— '		28	¬ ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
			Country				ration owes the cur	rent vear In	tangible	
24	25		30	4			Property Tax.	,	☐Yes	□No
	9. Name and Address of Curren			Γ		10. Name and	Address of New	Registered	Agent	
				81	Name			_		
	CORPORATION SYSTEM			92	Stroot Add	Irace (D.O. Boy No.	mber is Not Assert	able)		
1200) South Pine Island Road			82	Street Add	iiess (P.O. BOX NU	mber is Not Accept	aule)		
PLAI	NTATION FL 33324			83	****	_				
							_		 -	
-				84	City			FI	85 Zij	o Code
agent. I a SIGNATURE	registered agent, or both, in the State of the familiar with, and accept the obligations of the state of the	lions of, Section 607.0505, Flor	ida Stati	utes.				DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		Registered	Agent	signature requin	ed when reinstating)	CHANGES TO OF		ND DIRECT	FORS IN 12
	PD OFFICERS AN	D DIRECTORS DELETE	1,1 TI	n F		ADDITIONS	SCHANGES TO OF	TIOCINO A	Change	
TITLE	RICH, JOHN D	C betaile	1.2 N							
NAME	AAA MU OOFAN DIND HOUSE				ADDRESS					
STREET ADDRESS	,				1					
CITY-ST-ZIP	LONG BEACH CA 90802	□ DELETE	1.4 CI 2.1 TI	TY-ST	-ZIP		·		Chang	e
TITLE	'-		I							
NAME	KEELING, BRADLEY W		2.2 N/	1	4000000	•				
STREET ADDRESS	111 W. OCEAN BLVD., #2450	•			ADDRESS	T	-			. ~
CITY-ST-ZIP	LONG BEACH CA 90802	DELETE	2.4 C	ITY-SI	·ZIP	_	_	_	☐ Chang	e
TITLE	'-		3.2 N/							
NAME	PACE, DAVID H				4000000					
STREET ADDRESS		•			ADDRESS	•		•		
CITY-ST-ZIP	LONG BEACH CA 90802	DELETE	3.4. C	ITY-SI	• ZIP	<u> </u>			Chang	e Addition
TITLE	ST CUREDNAANNI MADK	E vereie	1			•			C. Griang	
NAME	SILBERMANN, MARK		4.2 N		1000000					
STREET ADDRESS	111 W. OCEAN BLVD., #2450			ì	ADDRESS					
CITY-ST-ZIP	LONG BEACH CA 90802	☐ DELETE		TY ST	-ZIP	_		_	Chang	e
TITLE	MADDA MICHAEL I	C Detrie	5.1 TT 5.2 N/						C Grand	
NAME	MADDA, MICHAEL J				ADORESS					
STREET ADDRESS	111 W. OCEAN BLVD., #2450		1	TY-ST	1					
CITY-ST-ZIP	LONG BEACH CA 90802	DELETE	5.4 GI 6.1 TI		· ∠117				☐ Chang	e
TITLE		(*) DELETE							Chang	- Moniton
NAME			6.2 N	SAME"						
			1							
STREET ADDRESS			6.3 ST		ADDRESS					

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 suppliemental 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, with all other like empowered.

SIGNATURE:

562-308-1889