SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H30949** **(2)**

1. Corporation Name
TELSO, INC.

Principal Place of Business	Mailing Address
3467 N.E. 163 STREET NORTH MIAMI BEACH FL 33160	3467 N.E. 163 STREET NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1994**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21: 11111 BISCAYNE BLVD # PH 57
22 Suite, Apt. #, etc.: MIAMI, FL.
23 City & State:
24 Zip: 33161 25 Country: DADE

2a. Mailing Address
26: 11111 BISCAYNE BLVD
27 Suite, Apt. #, etc.: # PH 57
28 City & State: MIAMI FL
29 Zip: 33161 30 Country: DADE

4. FEI Number: **59-2466642** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Certified Copy (additional charge) ☐ **$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

HERZBERG, SAM
11111 BISCAYNE BLVD.,
NORTH MIAMI BEACH FL 33181

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: (Signature of new registered agent, if changed) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HERZBERG, SAM	12 NAME	
STREET ADDRESS	11111 BISCAYNE BLVD.	13 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BCH FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HERZBERG, JOHN	22 NAME	
STREET ADDRESS	5230 ALTON ROAD	23 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BCH FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	LEVY, LAWRENCE	32 NAME	
STREET ADDRESS	11111 BISCAYNE BLVD	33 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: 7/14/95 305 893-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0083701 CP