FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED			
COI ANN			Sandra	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			Jan 15 1998 8:00am			
1998			TI SI	DIVISION OF CORPORATIONS			3	Secretary of State		
DOCUMENT # H33534 (9) ANTEL ENTERPRISES, INC.										aco
ANIEL	. ENIERP	RISES, INC.								
Principal Place of Business Mailing Address										
	Teitelbaum Is ave #1002 L 33154	% Wolf E. Teitelbai 8877 Collins ave #1 Surfside fl 33154	COLLINS AVE #1002			DO NOT WRITE IN THIS	SPACE			
								3. Date Incorporated or Qualified 12/10/1984		
<u> </u>	Place of Busin	ess	\vdash	2a. Mailing Address				4. FEI Number		pplied For
Suite, Apt.	. #, etc.		26	Suite, Apt. #, etc.				59-2546183 5. Certificate of Status Desired □		lot Applicable Additional
22 City & Stat	y & State			City & State					Fee R	lequired
23				28				6. Election Campalgn Financing Trust Fund Contribution		May Be to Fees
Zip 24		Country 25 and Address of Cu	29	Zip	Gouni 30	itry			☐ Yes [ntangible No
TE	ITELBAUM,		rrent negis	stered Agent	8	31 Na	ame	10. Name and Address of New Registered	Agent	
8877 COLLINS AVE.					8	32 St	reet Addre	ss (P.O. Box Number is Not Acceptable)		
APT 202 SURFSIDE FL 33154					83					
30111 SIDE FE 33 134						34 Ci	ta.		ler 700	Code
11 Purcuant	to the proviole	one of Sections 607	0502 and 6	207 1E09 Florido Cint			-	FL	_ '	Code
ayent. i a	registered age im familiar with	ent, or both, in the S h, and accept the of	tate of Flori- oligations o	da. Such change was f, Section 607.0505, I	utes, the abo s authorized Florida Statut	by the tes.	med corpo corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the app	t changing i pointment as	ts registered registered
SIGNATURE	Signature, typed o	r printed name of registered			OTE: Registered A	∖gent sig	nature required	d whon reinstating) DATE		
12.	DP	OFFICERS	AND DIREC	CTORS DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTOR Change	RS IN 12
NAME	TEITELBAUM, WOLF E.			L. Secre	1.2 NAME				L1 Ollarge	
STREET ADDRESS	s 8877 COLLINS AVE #1002 SURFSIDE FL					1.3 STREET ADDRESS				
CITY-ST-ZIP	อบหาอเม	EFL	•	DELETE	1,4 CITY - 2,1 TITLE				Change	Addition
NAME				<u>—</u>	2.2 NAM				Gridinge	
STREET ADDRESS					2.3 STRE			···		
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY 3.1 TITLE		>		Change	Addition
NAME					3.2 NAME		1		onengo	
STREET ADDRESS					3.3 STRE	et addr	ESS			
CITY-ST-ZIP TITLE				DELETE	3.4. CITY 4.1 TITLE		-		☐ Change	Addition
NAME					4. 2 NAM		İ		onange	L. Addition
STREET ADDRESS					4.3 STREE	ET ADDR	ess			
CITY-ST-ZIP TITLE	I DELE			☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		-		Change	Addition
NAME				5.2 NAME				E. J. Ollalige		
STREET ADDRESS	ADDRESS				5.3 STREET ADDRESS		ESS			
CITY - ST - ZIP				DELETE	5.4 CITY-				Clohana	1 4 2 2 2 2 2 2
NAME					6.1 TITLE 6.2 NAME				L Change	☐ Addition
STREET ADDRESS					6.3 STREE		ESS			
CITY-ST-ZIP	ertify that the	information currellar	t with thin f	ling door not availe.	6.4 CITY-	ST-ZIP	1222 :- 2	ection 119,07(3)(i), Florida Statutes. I further ce	415 . 16 . 11	
officer or o	on this annual director of the	ritormation supplied report or suppleme corporation or the re changed, of on an a	intal annual eceiver or t	report is true and ac rustee-empowered to	curate and the execute this	prion s	signature t as require	ection 119,07(3)(i), Florida Statutes. I further ce shall have the same legal effect as if made un ed by Chapter 607, Florida Statutes; and that n	πιτη that the der oath; tha ny name app	information at I am an pears in
55,, 72 0		0-1-11		[2]				1/	1	

IRED

SIGNATURE:

(305)8641053