

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 16 1996 8:00 am  
Secretary of State

DOCUMENT # **K20696 (6)**

1. Corporation Name  
**MIAMI BUSINESS TELEPHONES, CORP.**



Principal Place of Business: **9351 SW 45 TERRACE MIAMI FL 33165**  
Mailing Address: **4526 SW 74TH AVE MIAMI FL 33155 US**

3. Date Incorporated or Qualified: **04/08/1988**      3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **65-0042634**      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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**COLLANTES, NESTOR  
3450 S.W. 87 COURT  
MIAMI FL 33165**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | PTD                    | <input type="checkbox"/> DELETE |
| NAME            | COLLANTES, NESTOR      |                                 |
| STREET ADDRESS  | 3450 S.W. 87 COURT     |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | SD                     | <input type="checkbox"/> DELETE |
| NAME            | COLLANTES, MARIA ELENA |                                 |
| STREET ADDRESS  | 3450 S.W. 87 COURT     |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 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 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)(k), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/17/96**      Telephone #: **226-7709**

CR2E034 (12/95)