FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K52820

1. Corporation Name
MICROTEL International INC
8515 NW 29 street
miami Florida 33122.

Principal Place of Business
MICROTEL International INC
8515 NW 29 street
miami Fla 33122
JORGE Alfonso

Mailing Address

2. Principal Place of Business
21 8515 NW 29street
Suite Apt #, etc.
22
City & State
23 miami
Zip
24 33122
Country
25 DADE

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28 Fla
Zip
29
Country
30

3. Date Incorporated or Qualified: APRIL 1990
3a. Date of Last Report: JUNE 95
4. FEI Number: 65-0088495 (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

9. Name and Address of Current Registered Agent
JORGE Alfonso
8515 NW 29street
miami Fla 33122

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 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and Secretary JORGE E. Alfonso 8515 NW 29street miami Fla 33122	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vicepresident - TREASURER WILLIAM JUAN 8515 NW 29street miami Fla 33122	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vicepresident Secretary MARGARITA OLALDE 8515 NW 29 street miami Fla 33122	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	A. Alar 8-9-96	☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ 08-06-96 305-4702810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #