2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # K52820 1: Entity Name MICROTEL INTERNATIONAL, INC.			01-23-200	4 90022 019 ***158.75
Principal Place of Business 1602 NW 84TH AVENUE MIAMI, FL 33126 US	Mailing Address 1602 NW 84TH AVENUE MIAMI, FL 33126 US			
2. Principal Place of Business 1600 NW 84th Are	3. Mailing Address	84th Ave		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01152004 Chg-P	CR2E034 (10/03)
Miami FL	Miami FL	•	4. FEI Number 65-0088495	Applied For Not Applicable
33126 : USA .	. 33126	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curren	Registered Agent	Name Ala	Fonso Jorge	Registered Agent
ALFONSO, JORGE 1602 NW 84TH AVENUE		Street Address	s (P.O. Box Number is Not Acceptab	le)
MIAMI, FL 33126			NW 84th Ave	
		City Mic	ami	FL Ziè Code 33126
The above named entity submits this statement the obligations of registered again.	or the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of F	ionda. Tam iamiliar with, and accept
SIGNATURE Signature, uped or printed natine of registered ager	it and title inarplicable. (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contril	n Financing ** - \$	<u> </u>	The state of the s
After May 1, 2004 Fee will be \$550		519° 2' 8 }	dded to Fees	
10. OFFICERS AND	D DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11 Change Addition
MAME ALFONSO, JORGE	Li Delete	NAME STREET ADDRESS	•	
STREET ADDRESS 1602 NW 84TH AVENUE CITY-ST-ZIP MIAMI, FL 33126		CITY-ST-ZIP		(
VPE NAME ALFONSO, JORGE L	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS 1602 NW 84TH AVENUE CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS CITY-ST-ZIP		
TITLE VPO	☐ Delete	TITLE		Change Addition
NAME ALFONSO, MARIA STREET ADDRESS 1602 NW 84TH AVENUE		NAME + STREET ADDRESS		وسيستريب وميتينية بخاصير
CITY-ST-ZIP MIAMI, FL 33126	[] Date:	CITY-ST-ZIP	. '	Change Addition
NAME NAME	☐ Delete	TITLE NAME		Ghange Addition
STREET AODRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	· Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		眼型 "如何是是我们"。
CITY-ST-ZIP	to the second	CITY-ST-ZIP	4.5	
12. I hereby certify that the information supplied windicated on this report of supplemental report	th this filing does not qualify for is true and accurate and that mapping is the true and the mapping is the true that mapping is the true that report a specific true this report and the true true true true true true true tru	the exemption stated in by signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes ne same legal effect as if made unde 607; Florida Statutes; and that my na	i. I turther certify that the information / froath; that I am an officer or director me appears in Block 10 or Block 11 if
12. Thereby 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 report or supplemental 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 of the leceive of trustee empowered to execute this report as required by Chapter 607; Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.				