

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K67543** (4)

1. Corporation Name

WORLD SATELLITE COMMUNICATIONS, INC.



Principal Place of Business

**C/O JOHN P. MAAS
44 NE 16 ST
HOMESTEAD FL 33030
US**

Mailing Address

**C/O JOHN P. MAAS
44 NE 16 ST
HOMESTEAD FL 33030
US**

2. Principal Place of Business

21 **35055 SW 214 AV**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 343414**
Suite, Apt. #, etc.

22 City & State

23 **FLORIDA CITY FL**

27 City & State

28 **FLORIDA CITY FL**

24 Zip

25 **33034**

Country

26 **DADE**

29 Zip

30 **33034**

Country

31 **DADE**

3. Date Incorporated or Qualified

02/21/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0103202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LAW OFFICES OF HELLMAN & MAAS
44 NE 16TH STREET
HOMESTEAD FL 33030**

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 typed or printed name of registered agent and the corporation

Printed Name of Agent (Required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MENESES, ELIAS**
STREET ADDRESS **35055 S.W. 214TH AVE.**
CITY- ST- ZIP **FLORIDA CITY FL**

TITLE ☐ DELETE
NAME
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CITY- ST- ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY- ST- ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY- ST- ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY- ST- ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY- ST- ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS MENESES **ELIAS MENESES** **4/18/96** **305-247-8697**

CR2E034 (12/95)