

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90009 035 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K96755

1. Corporation Name

TELECOMMUNICATIONS SERVICES INC.



Principal Place of Business

1101 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1989

4. FEI Number

65-0126966

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 **1160 NW 159 Drive**

Suite, Apt. #, etc.

22

City & State

23 **Miami, Florida**

Zip

24 **33169**

Country

25 **Dade**

2a. Mailing Address

26 **1160 NW 159 Drive**

Suite, Apt. #, etc.

27

City & State

28 **Miami, Florida**

Zip

29 **33169**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

DICKEY, JAMES
1101 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Dickey, James

82 Street Address (P.O. Box Number is Not Acceptable)

1160 NW 159 Drive

83

84 City **Miami**

FL

85 Zip Code
33169

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **ESQUENAZI, JOEL**
CITY-ST-ZIP **1101 BRICKELL AVENUE, SUITE 200**
MIAMI FL 33131

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **LANGLE, DAVID**
CITY-ST-ZIP **1101 BRICKELL AVE.**
MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PSD**
1.3 STREET ADDRESS **Esquenazi, Joel**
1.4 CITY-ST-ZIP **1160 NW 159 Drive**
Miami, Florida 33169

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T**
2.3 STREET ADDRESS **Langle, David**
2.4 CITY-ST-ZIP **1160 NW 159 Drive**
Miami, FL 33169

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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:

DAVID C. LANGLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)