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

DOCUMENT # **L05945** **(5)**

1. Corporation Name

EXCLUSIVE CARRIER SYSTEMS, INC.

Principal Place of Business

P.O. BOX 521092
MIAMI FL 33152

Mailing Address

P.O. BOX 521092
MIAMI FL 33152

2. Principal Place of Business
21 7007 Nw 30 St
Suite, Apt. #, etc.
22
City & State
23 Miami FL
Zip
24 33122
25 County Dade

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

3. Date Incorporated or Qualified: 07/31/1989

3a. Date of Last Report: 05/15/1995

4. FEI Number: 65-0128332 ☐ 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**

JUELICH, JOHN
11541 SOUTH OPEN COURT
COOPER CITY FL 33026

10. **Name and Address of New Registered Agent**

81 Name: John Juelich
82 Street Address (P.O. Box Number is Not Acceptable): 7007 NW 30 St
83
84 City: Miami FL 85 Zip Code: 33122

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] John Juelich Vice President 1/31/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	VALDES, RUBEN	
STREET ADDRESS	19851 S.W. 184TH STREET	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	V	☐ DELETE
NAME	JUELICH, JOHN	
STREET ADDRESS	11541 SOUTH OPEN COURT	
CITY-ST-ZIP	COOPER CITY FL 33026	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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] John Juelich 1/31/96 305-477-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)