## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILING   \$ 203.	75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				E	SECRETARY OF STATE TALLAHASSEE.FLORIDA					
1. Name and Mailing Address of Limited Liability Company DOCUMENT #J。96000000683											
TELEPHONETICS OVERSEAS, I 4330 NW 207TH STREET #101 MIAMI FL 33055				-			433	1a. Principal Place of Business Address 4330 NW 207TH STREET #101 MIAMI FL 33055			
If above mailing address is incorrect in any way, line through incorrect  2. Principal Place of Business 2a. Mailin				Information and enter correction in Block 2a.				3. Date Organized or Qualified   3			ate of Formation
<b>2</b> . • • • • • • • • • • • • • • • • • • •	417 1000 5. 5.			is undiago				D6/24/1996 F			
Suite, Apt.	#, etc.	91.000.000.000.000.000.000.000.000.000.0	Suite, Apt	#, etc.				4. FEI Number			Applied For
City & Stat	te		City & Sta	te							Not Applicable
Zip		Country	Zip	······································	Country	у	<b>5.</b> [			tificate of Status Desired	
	7. Name	and Address of Current F	legistered /	Agent			8. Na	me and Add	ress of New Re	gistered	1 Agent
SIRACUSA, JOHN G 4330 NW 207TH STREET #101 MIAMI FL 33055			•	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.							
				City				Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.								r the purpose of changing by accept the appointment			
SIGNATURE				OTE: Danjelered A	cant signature	seculated when rein	nelatina)	DATE			
10. Title	(Registered Agent Accepting Appointment) (NOTE:  Managing Members/Managers			UTC. Neglatetes ry	Business Street Address				City	, State a	nd Zip Code
MGR	CHASON,	MARK	1	l		E ROAD			UFFALO	ИУ	
MUR	MUMENI	CM, VIVIAN		4330	N-W-	20710	DR \V	<b>'</b> E	MIAN),	FL	33055
								100	-04/14/ *****20	1 42 '97 13.75	01182-00 *******

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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SIGNATURE AND TY	PED OR PRINTED NAME OF SIGNI	NG MANAGING MEMBER O	RMANAGER

VIVIAN MANEVICH

418197

**APPROVED** 

1997 APR 1 1 PM 3: 37

(305)620-257

Daytime Phone if