FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M27081



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90078 049 ***150.00

TELECOMMUNICATION SERVICES & INFORMATION INC.							
							E EMPLOARE HE BY DIT END HER BY HER HELD HER BY
Principal Place	of Business		Mailing Address				(Deligati ye visit jesti satis (atta jis atta atta atta atta atta atta
20201 SW 198T	H ST		20201 SW 198TH ST				
3800 SW 79 AVENUE. UNIT 123			3800 SW 79 AVENUE, UNIT 123				DO NOT INDITE IN THIS SPACE
MIAMI FL 30187			MIAMI FL 33187				DO NOT WRITE IN THIS SPACE
US			US				3. Date tricorporated or Qualifed
							02/07/1986
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For 59-2634302 Not Applicable
21			Suite Ant # etc				59-2634302 Not Applicable \$8.75 A Iditional
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifc ate. of Status Desired Fee Required
22			City & State				
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23	Cour try		Zip	Coun	itrv		8. This curporation owes the current year intangible
Zip		Į.		30	y		Persor al Property Tax.
24	9. Name and Address		29 Agent	30]			10. Name and Address of New Registered Agent
	3. Name and Address	Or Current In	egistered Agent		81	Name	
ROD	RIGUEZ, JUAN R.			1	\perp		
20201 SW 198TH ST					82 Street Ac		Acdress (P.O. Box Number is Not Acceptable)
UNIT				}	83		
	AI FL 33187			Ĺ			
					84	City	FL 85 Zip Code
	to the constitues of Continu	0 607 0502 as	nd 607 1509. Elorida Statu	ites the ab	0/8-	named o	t or reporation submits this statement for the purpose of changing its registered
office cro	enistered agent or hold in	the State of F	lorida. Such change was .	.uthorized	DV II	ne corpo	poretion's board of cirectors. I hereby accept the appointment as reg stered
agent. I ai	m familiar with, and accept	the obligation	s of, Section 607.0505, FI	orida Statu	tes.		
SIGNATUFE	Signature, typed or printed na ne of			C. Donotonal	lant.	nianaturo ra	required when reinstating) DATE
12.		ICERS AND E		13.	ngent :	aignature rei	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12
TITLE	P	TOENO AITE	☐ DELETE	1.1 TITI	.E		Change Addition
NAME	RODRIGUEZ, JUAN R			1.2 NA			
STREET ADDRESS	20201 SW 198TH ST	•				DDRESS	
\ \	MIAMI FL 33187			1.4 CIT		Į.	
CITY-ST-ZIP TITLE	INIAMI I E OO (O)		☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NA		İ	
)				1		DORESS	
STREET ADDRESS				2.4 CIT		1	
CITY-ST-ZIP			☐ DELETE	3.1 111			Change Addition
NAME				3.2 NA			
						ADDRESS	
STREET ADDRESS				3.4 CIT			
CITY-ST-ZIP TITLE			☐ DELETE	4 1 TiTi			☐ Change ☐ Addition
NAME				4.2 NA			
}						ADDRESS	
STREET ADDRESS				4.3 ST		- 1	ή
CITY-ST-ZIP TITLE				4.4 CII		£17	☐ Change ☐ Addition
				5.1 NA			
NAME						ADDRESS	3
STREET ADORE 3S				5.4 CIT		- 1	
CITY-ST-ZIP			DELETE	6.1 TIT			Change Addition
TITLE			☐ DETEIE	62 NA			
NAME						ADDRESS	
STREET ADDRE 3S						l l	<u> </u>
CITY-ST-ZIP				64 CIT	r-\$1-	ZIP*	<u></u>

14. I hereby certify that the informal on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify 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 form an officer or director of the corporation or the process or trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on all attachment with an address, with all other like empowered.

alriguel SIGNATURE: Q