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

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M45789 (8)

1. Corporation Name

NATIONAL TELECOMMUNICATIONS SALES & SERVICE, INC

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1810 NW 06 AVENUE~~<br>~~6200 CORAL WAY STE 200~~<br>MIAMI FL 33172<br>US | 782 NW 42ND AVENUE<br>SUITE 617<br>MIAMI FL 33126<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1987
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21: 9131 SW 101 Ave
Suite, Apt. #, etc. 22:
City & State 23: MIAMI FL
Zip 24: 33176
Country 25: USA

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

4. FEI Number: 59-2771765 ☐ 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. X Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ-ECAY, HELIO
780 N.W. 42ND AVE. STE 617
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/27/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|---|---|---|---|
| 1 TITLE | PD | 1 TITLE | ☐ Change ☐ Addition |
| 2 NAME | HERNANDEZ, RAUL R. | 2 NAME | |
| 3 STREET ADDRESS | 780 NW 42ND AVENUE, SUITE 6187 | 3 STREET ADDRESS | |
| 4 CITY ST ZIP | MIAMI FL | 4 CITY ST ZIP | |
| 5 TITLE | TD | 5 TITLE | ☐ Change ☐ Addition |
| 6 NAME | HERNANDEZ, MARIA ELENA | 6 NAME | |
| 7 STREET ADDRESS | 780 NW 42ND AVENUE, SUITE 617 | 7 STREET ADDRESS | |
| 8 CITY ST ZIP | MIAMI FL | 8 CITY ST ZIP | |
| 9 TITLE | SD | 9 TITLE | ☑ Change ☐ Addition |
| 10 NAME | HERNANDEZ, ALEXANDER G | 10 NAME | |
| 11 STREET ADDRESS | 9131 SW 101 AVE. | 11 STREET ADDRESS | Delete No Longer in Corp. |
| 12 CITY ST ZIP | MIAMI FL | 12 CITY ST ZIP | |
| 13 TITLE | | 13 TITLE | ☐ Change ☐ Addition |
| 14 NAME | | 14 NAME | |
| 15 STREET ADDRESS | | 15 STREET ADDRESS | |
| 16 CITY ST ZIP | | 16 CITY ST ZIP | |
| 17 TITLE | | 17 TITLE | ☐ Change ☐ Addition |
| 18 NAME | | 18 NAME | |
| 19 STREET ADDRESS | | 19 STREET ADDRESS | |
| 20 CITY ST ZIP | | 20 CITY ST ZIP | |
| 21 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | | 24 CITY ST ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: [signature] 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date

01J1741 CP