

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M61243 (5)

1. Corporation Name

TELESTATS, INC.



Principal Place of Business

Mailing Address

4119 N STATE RD. 7
SUITE 128
FT. LAUDERDALE FL 33319
US

4119 N STATE RD 7
SUITE 220
FT. LAUDERDALE FL 33319
US

3. Date Incorporated or Qualified
10/22/1987

3a. Date of Last Report
07/07/1995

4. FEI Number
65-0012431

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. 199.03?
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUTSTEIN, GEORGE
20801 BISCAYNE BLVD. #303
AVENTURA FL 33180

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office or Registered Agent

Signature of Secretary or Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	SELMONSKY, LARRY	
STREET ADDRESS	4119 N. STATE ROAD 7	
CITY - ST - ZIP	FT. LAUDERDALE FL 33319	
TITLE	VP	DELETE
NAME	COHEN, MITCHELL	
STREET ADDRESS	4119 N. STATE ROAD 7	
CITY - ST - ZIP	FT. LAUDERDALE FL 33319	
TITLE	ST	DELETE
NAME	COHEN, STEVEN	
STREET ADDRESS	4119 N. STATE ROAD 7	
CITY - ST - ZIP	FT. LAUDERDALE FL 33319	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP	Change	Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP	Change	Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP	Change	Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP	Change	Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP	Change	Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP	Change	Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY SELMONSKY

8/5/96

954
968-2992