

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 # M87080 (1)

1. Corporation Name

TELE-GIROS AMERICA INC.



Principal Place of Business

Mailing Address

C/O JOSE VAZQUEZ
279 NE 1ST ST.
MIAMI FL 33132

C/O JOSE VAZQUEZ
279 NE 1ST ST.
MIAMI FL 33132

3. Date Incorporated or Qualified
06/27/1988

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21. 277 NE 1ST ST.

26. 277 NE 1ST ST

4. FEI Number

65-0076890

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 277 NE 1ST ST.

27. 277 NE 1ST ST.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23. MIAMI FLORIDA

28. MIAMI FLORIDA

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24. 33132

25. USA

29. 33132

30. USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, ANTONIO
279 NE 1 ST.
MIAMI FL 33132

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

277 NE 1ST ST.

83.

84. City MIAMI

FL

85. Zip Code 33132

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

Antonio Perez

ANTONIO Perez - Vice Pres.

4-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME VAZQUEZ, JOSE
STREET ADDRESS 279 NE 1ST ST.
CITY-STATE-ZIP MIAMI FL

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP

TITLE VS
NAME PEREZ, ANTONIO
STREET ADDRESS 279 NE 1ST ST.
CITY-STATE-ZIP MIAMI FL

5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP

TITLE T
NAME VAZQUEZ, JOSE
STREET ADDRESS 279 NE 1ST ST.
CITY-STATE-ZIP MIAMI FL

9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-STATE-ZIP

TITLE D
NAME FERNANDEZ, JUAN
STREET ADDRESS 279 NE 1ST ST.
CITY-STATE-ZIP MIAMI FL

13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. 17. TITLE
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. 21. TITLE
22. 22. NAME
23. 23. STREET ADDRESS
24. 24. CITY-STATE-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:

Antonio Perez

4-19-96

305-371-883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)