05-14-1999 90007 033 \*\*\*\*\*8.75

05-14-1999 90007 034 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M87080

1. Corporation Name

TELE-GIROS AMERICA INC.

Principal Place	e of Business	Mailing Address			
277 NE 1ST STREET 277 NE 1ST \$		277 NE 1ST STREET			
MIAMI FL 33132		MIAMI FL 33132		DO NOT WRITE IN TH	IIG GDACE
US		U\$			IIO OFACE
				<ol> <li>Date Incorporated or Qualified</li> <li>06/27/1988</li> </ol>	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0076890	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	n, 0.0.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intang".ie
24	25	29 30	ה י	Personal Property Tax.	Yes XNo _
		of Current Registered Agent		10. Name and Address of New Registers	d Agent
			81 Name		
PERI	ez, antonio		80 0: -: *	ddenna (D.O. Day Number in Not Assentable)	
277 NE 1ST STREET 7			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	VI FL 33132		83		
	4		84 City	F	85 Zip Code
		- 007.0503 4.607.4509. Fli-da Statiston	the above semed of		
11. Pursuant office or re	to the provisions of Section egistered agent, or both, in	ns 607,0502 and 607,1506, Florida Statutes, n the State of Florida. Such change was auth	ofized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as registered
agent 🚣	nt familia/ with/ and accept	the obligations of, Section 607 0505, Florida	a Statutes.	0). 1. 1. 6	
SIGNATURE	1/2	2-4-1 NOVI)	1 100	Lifted when reinstaling DATE	
		registered agent and title if applicable (NOTE Re	gistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		FICERS AND DIRECTORS	1,1 TITLE	ABBITIONS/OFFICES TO OFFICERS	Change Addition
	PTD	- Dettere	1.2 NAME		_ , _
NAME	VAZQUEZ, JOSE		l		
STREET ADDRESS	277 NE 1ST ST		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	VSD	☐ DELETE	2.1 TITLE		
NAME	PEREZ, ANTONIO		2.2 NAME		
STREET ADDRESS	277 NE 1ST STREET		2 3 STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI FL</u>		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change
-NAME			4. 2 NAME -		_
STREET ADDRESS		j	4.3 STREET ADDRESS		
C/TY-ST-ZIP			4.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			62 NAME		<del>-</del> - <del>-</del>

hed with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a stachment with an address, with all other like empowered. I hereby certify that the informatindicated on this annual teport officer or director of the corpora Block 12 or Block 13 if change

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ENEL 4

301) 371-P833