R K	0131619
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P00000074866 DOCUMENT #

1. Entity Name TTI COMM CORP.

Principal Place of Business

2. Principal Place of Business

11098 BISCAYNE BOULEVARD SUITE 202 MIAMI FL 33161

MAGELL

Mailing Address P.O. BOX 800510

MIAMI FL 33280

3. Mailing Address P.O. EX

Suite, Apt. #, etc.

403 JUL 23 AMII: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

OPPEL, GUSTANO 11098 BISCAYNE BLVD. SUITE 202 MIAMI FL 33161

BUSTAN	0	OPP	حاح	
Street Address	(P.O. Rox	Nurzher	Not A	ptable

8. The above named entity submits hi statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of ered agent

SIGNATURE

istered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

<u>-</u>	R T Cytable to T torrad Department of Citate					
10.	OFFICERS AND DIRECTOR	S	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OPPEL, GUSTANO 11098 BISCAYNE BLVD. SUITE 202 MIAMI FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3545 MAGELLANCH AVENTURA FLORIDA	**CLE # 35	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OPPEL, MARTA 11098 BISCAYNE BLVD., SUITE 202 MIAMI FL 33161	☐ Delete	TITLE	3545 MAGELLAN CIR AVENTURA FLORIDA	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (4/03)

Attachment 18,2003 DIVISION OF CONSPECTATIONS POBOX 6327 TALLAHASSEE, FLORIDA 323/4 I COMM CORP # \$00000074866 \roo3 UBR GIBNTLOMON: IN CONNOCTUM WITH MY TELEPHONE CONVERSATION WITH YOUR OFFICE I HOROBY SUBMIT PHOTOCOPY (FRONT IN BACK) OF CHOCK SENT-IN WITH DEIGNAL FILING OF 3/24/03; SINCE I DID NOT ROCOUNT YOUR REJECTION ADTICE OF 3/27/03 TAXPAYER ASSUMED ALL WAS OKRY! KINDLY ACCOST THIS FORM US FLOO & PAID TIMELY AND THEN ASVISE DIRECTLY respectively subalities KENWETH A. HALLER CAPA ENCLOSEES CC: T.T.I. COMM CORP.