2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attac

SIGNATURE:

ddress with all other like empowered.

Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # P39482 1. Entity Name AMERICATEL CORPORATION Mailing Address Principal Place of Business 4045 N.W. 97TH AVENUE ATTN: LEGAL DEPARTMENT MIAMI FL 33178 4045 NW 97TH AVE MIAMI FL 33178 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 06-1344625 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 3000** MIAMI FL 33131 Zip Code City 8. The above named entity submits this 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 obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE ☐ Delete NAME NAME VARGAS, ALEJANDRO U000000063415 STREET ADDRESS STREET ADDRESS 4045 NW 97 AVE 02/23/04-80160-018 158.75 CITY - ST - ZIP MIAMI FL 33178 CITY - ST- ZIP Change Addition TITLE Delete TITLE KREUTZBERGER, RENE NAME NAME STREET ADDRESS STREET ADDRESS 4045 NW 97TH AVE CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE BUCHI, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 4045 NW 97TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 ☐ Change ☐ Addition Delete TITLE TITLE BURCHARDT, KONRAD NAME MAME 4045 NW 97TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE THILE URETA, FELIPE NAME NAME 4045 NW 97TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ASECIO, JORGE NAME NAME 4045 NW 97TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 trivistee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED