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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000011905 (5)

FLORIDA PHONE CONNECTION, INC.

FILED Jan 16 1997 8:00am Secretary of State



Principal Place	of Dunisage	Mailing Address			PANAN ARBAN ANNIA NENIN BAKAN ARKA KARA
		•			
8531 NW SOUTH RIVER DRIVE 8531 NW S RIVER DRIVE MEDIEY FL 33166 MEDLEY FL 33166					
		US		3. Date incorporated or Qualified 02/08/1993	3a. Date of Last Report 04/30/1996
2. Principa' Pi	ace of Business	2a. Mailing Address		4. FEt Number	Applied For
™8330	nw 74 Avenue	26 83 ad NW'	14 AVCNUC	65-0390364	Not Applicable
Suite Apt. # etc Suite, Apt. #, etc 22				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MCC	iley, FIa.	City & State 28 MCOLCY	FIA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331	Country Country State of the country Country	29 33 Note 30	Country USA	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent
EGUIZABAL, MICHELE 81 Name					
				Iress (P.O. Box Number is Not Acceptable	6)
HIALEAH FL 33012					
			83		
; f			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 607,0305. Florida Statutes.					
agent. La	egistered agent, or born, in the State o m _e fami <u>li</u> ar with, and accept the obligat	ions of, Section 607.6305. Florid	a Statutes.	mion's poard or directors. Thereby accep	tina appointment as registered
SIGNATURE	Michell 191	ugabal 1	Michele to	guizabai /-	08-97
	Signature, type it is promotivance of normality agent		gistered Agent signature requ		DATE
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	D Eguizabal, Michele	ال المدار			Shange Addition
NAME	1100 W 35 ST, #24		1.2 NAME		
STREET ADDRESS	HIALEAH FL 33012		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME.	EGUIZABAL, JUSTO J	E DECEM	2.2 NAME		
STREET ADDRESS	1100 W 35 ST, #24		2.3 STREET ADDRESS		
	HIALEAH FL 33012		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	THALLANT E GOOTE	DELETE	31 TITLE		☐ Change ☐ Addition
NAME		المسا	3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
City-St-2iP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TiTLE		Change Addition
NAM:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		

14. I do 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 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: Dickelle Gusabal Michele Equizaba / 1-08-97 883-061