

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 6/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:38

DOCUMENT # P93000016826 (8)

1. Corporation Name

MR. PHONE, INCORPORATED

Principal Place of Business

1907 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

1907 COLLINS AVE.
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1993	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0444996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Extension (with Interest) <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for alternative tax under 1990 FRT? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt #, etc	28. State, Apt #, etc
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

SUAREZ, CARLO
100 BAYVIEW DR.
#814
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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 the 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

Signature (typed or printed name of registered agent and the applicable

FEI Number) Registered Agent signature required when new listing

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUAREZ, CARLO
STREET ADDRESS	100 BAYVIEW DR., #814
CITY, ST, ZIP	SUNNY ISLES FL 33160
TITLE	DV
NAME	SUAREZ, DORA
STREET ADDRESS	100 BAYVIEW DR., #814
CITY, ST, ZIP	SUNNY ISLES FL 33160
TITLE	DS
NAME	SUAREZ, KARLOS X
STREET ADDRESS	100 BAYVIEW DR., #814
CITY, ST, ZIP	SUNNY ISLES FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGE TO LISTED OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	DP, DS SUAREZ, CARLO
13. STREET ADDRESS	100 BAYVIEW DR. # 814
14. CITY, ST, ZIP	SUNNY ISLES, FL 33160
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	DV SUAREZ, JAIRO A
23. STREET ADDRESS	1694 NORTH BAY ROAD
24. CITY, ST, ZIP	NORTH MIAMI BEACH, FL 33160
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	DS SUAREZ, KARLOS X
33. STREET ADDRESS	100 BAYVIEW DR. #814
34. CITY, ST, ZIP	SUNNY ISLES, FL 33160
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, 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(1)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. 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 Book 12 or Book 13 of Chapter 1, or on an agreement with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE (typed or printed name) OF SIGNING OFFICER OR DIRECTOR

6/25/95 (305) 534-1893

CR2ED04 (3/95)