SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000021937 (6)**

1. Corporation Name
ENHANCED TELECOMMUNICATIONS & TRANSMISSIONS CORP

Principal Place of Business
19501 NE 10TH AVE
STE S-205D
N MIAMI BCH FL 33179
US

Mailing Address
20401 NE 30TH AVE
APT 402
N MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 P.O. Box 1943
Suite, Apt #, etc
22
City & State
23 Hallandale, FL
Zip 24 33008
Country 25

2a. Mailing Address
26 P.O.Box 1943
Suite, Apt #, etc
27
City & State
28 Hallandale, FL
Zip 29 33008
Country 30

4. FEI Number: 65-0404535 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NESTELBAUM, ARNOLDO
20401 NE 30TH AVE
APT 402
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name: ALVIN ENTIN
82 Street Address (P.O. Box Number is Not Acceptable): 200 East Broward Boulevard
83 Suite #1210
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[X] DELETE	1.1 TITLE	President	[X] Change ☐ Addition
NAME	GARCIA, LUIS		1.2 NAME	Lina Rosales	
STREET ADDRESS	19501 NE 40TH AVE., STE. 205D		1.3 STREET ADDRESS	Av. Urdaneta, Ed. Protexo, Of.43	
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	Caracas, Venezuela	
TITLE	S	[X] DELETE	2.1 TITLE	Secretary	[X] Change ☐ Addition
NAME	DE GARCIA, ELENA H		2.2 NAME	Lina Rosales	
STREET ADDRESS	19501 NE 40TH AVE., STE. 205D		2.3 STREET ADDRESS	Av. Urdaneta, Ed. Protexo, Of. 43	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	Caracas, Venezuela	
TITLE	D	[X] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSALES, LINA		3.2 NAME		
STREET ADDRESS	19501 NE 10TH AVE., STE. 205D		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		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
NAME			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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Lina Rosales — 07/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/96)