## 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

## FILED Jan 29 1997 8:00am Secretary of State

1997

DOCUMENT # P93000038373 (5)

PHONE EXPRESS, INC.

Principal Place	e of Business	Mailing Address		1 1801/081 1/0 ibibb illii diliid	Otti Dårit föjdå tilåt jätan tilli lasna till taal
12550 BISCAYN		3896 BISCAYNE BLVD			
STE. #210	TE WEIT!	1464			
MIAMI FL 3318	1	MIAMI FL 33137-3731 US		3. Date Incorporated or Qua	alified 3a, Date of Last Report
US				05/28/1993	01/25/1996
2. Principal Pr	ace of Business	2a. Mailing Address	( 0 th c	4, FEI Number	Applied For
21		26 8307 NW	68 th ST.	65-0436032	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desi	red S8.75 Additional Fee Required
City & State	e	City & State	···	6. Election Campaign Finan	cing \$5.00 May Be
23		28 MIAMI -	n	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liab	lity for intangible tax under s. 199.032,
24	25	29 33102 3	o VS	Florida Statutes	Yes No
	g, Name and Address of Curre	ent Registered Agent		10. Name and Address of F	lew Registered Agent
	DOWNIK, RAUL		81 Name	Miodownite	
	6 BISCAYNE BLVD.		82 Street Add	ress (P.O. Box Number is Not Ad	ceptable)
	. #1464			NW 68 th St.	# 1464
MIAI	MI FL 33137		83		
			<b>84</b> City .		85 Zip Code
			I I MIAC		FL    33 <i>1</i> 02
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was au	thorized by the corpora	poration submits this statement f ition's board of directors. I hereb	or the purpose of changing its registered y accept the appointment as registered
SIGNATURE	Signature typed or printed name of registered a		Registered Agent signature requ		DATE
13		ND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12
12.	P	DELETE	1.1 TITLE	ADDITIONO/OF MAGES 14	Change Addition
NAME	SZENIG, ARMANDO	<del></del>	1.2 NAME		
STREET ADDRESS	3896 BISCAYNE BLVD SUIT	TE 1464		8307 N.W. 68	14 st. #1164
City-St-ZiP	MIAMI FL 33137	_ ,,,,,,		niami - 12 -	33102
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	MIODOWNIK, RAUL		22 NAME	_	•
STREET ADDRESS	3896 BISCAYNE BLVD SUIT	TE 1464		307 N.W. 6	8 th ST. #1464
CITY-ST-ZIP	MIAMI FL 33137				33102
TITLE	100 400 12 00 101	☐ DELETE	3.1 TITLE	NICKLI - C-	Change Addition
NAME			3.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			3.3 STREET ADDRESS	4 <b>3</b>	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	1	<del></del>	<b>T</b>		
, D HPL	1		4. 2 NAME		
STREET ANDDESS					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
CHTY-ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TYLE		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	·	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	·	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 THLE		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE			4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 THLE	·	

14. I do hereby certify that the information supplied with this filing does not quality 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

(305) 192-8394