

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # P93000061844 (5)

1. Corporation Name

TELESYS INTERNATIONAL CORP.

95 MAY -1 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1130 WASHINGTON AVENUE  
FIFTH FLOOR  
MIAMI BEACH FL 33139

Mailing Address

1130 WASHINGTON AVENUE  
FIFTH FLOOR  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/03/1993

3a. Date of Last Report

07/12/1994

4. FEI Number

65-0430829

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. 190.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
MIAMI FL 33131

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 607.0102 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

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS                      | CITY, ST. ZIP        |
|-------|----------------|-------------------------------------|----------------------|
| D     | CURRAN, ROBERT | 1130 WASHINGTON AVENUE, FIFTH FLOOR | MIAMI BEACH FL 33139 |
| D     | COMBS, JEFFREY | 1130 WASHINGTON AVENUE, FIFTH FLOOR | MIAMI BEACH FL 33139 |
|       |                |                                     |                      |
|       |                |                                     |                      |
|       |                |                                     |                      |
|       |                |                                     |                      |
|       |                |                                     |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE    | NAME    | STREET ADDRESS    | CITY, ST. ZIP    | Change                              | Addition                 |
|----------|---------|-------------------|------------------|-------------------------------------|--------------------------|
| 14 TITLE | 14 NAME | 14 STREET ADDRESS | 14 CITY, ST. ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 TITLE | 15 NAME | 15 STREET ADDRESS | 15 CITY, ST. ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 16 TITLE | 16 NAME | 16 STREET ADDRESS | 16 CITY, ST. ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 17 TITLE | 17 NAME | 17 STREET ADDRESS | 17 CITY, ST. ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 18 TITLE | 18 NAME | 18 STREET ADDRESS | 18 CITY, ST. ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 19 TITLE | 19 NAME | 19 STREET ADDRESS | 19 CITY, ST. ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 20 TITLE | 20 NAME | 20 STREET ADDRESS | 20 CITY, ST. ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

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 199.07(3)(b), Florida Statutes. I further certify that the information disclosed 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring 12/31/95