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

**CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # D02000062070 /1\

V-TEL CORPORATION								
Principal Place of Business Mailing Address								
2360 W 68 ST BAY 106 & 107 HIALEAH FL 33018		2360 W 68 ST BAY 106 & 107 HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 09/30/1993		
2. Principal Place of Business		2a, Mailing Address				4. FEI Number Applied For		
11		26				65-0453065 Not Applicab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del>** </del>	5. Certificate of Status Desired See Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	7ip	Cour	ntry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent		
TRIAY, CARLOS A 250 BIRD RD SUITE 301  CORAL GABLES FL 33146			Į	82 83	Street Add	dress (P.O. Box Number is Not Acceptable)		
				84		FL 85 Zip Code		
11. Pursuant office or i agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sli im familiar with, and accept the ob-	502 and 607.1508, Florida Stati ate of Florida. Such change was ligations of, Section 607.0505, I	utes, the ab s authorized Florida Statu	ove I by ites	e-named cor the corpora s.	rporation submits this statement for the purpose of changing its registere- ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered	agest and title if applicable (NC	OTE: Registered	Age	nt signature regu	uired when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TIT	LF	7	Change Addition		
NAME	RIVERO, RAUL		1.2 NA	ME				
STREET ADDRESS	1050 SW 137 CT		1.3 STA	REET.	ADDRESS			
CITY-ST-ZIP	MAMI FL 33184		1.4 CIT	Y∙S1	1-ZIP			
TITLE	81	DELETE	2.1 TIT	LĒ		Change Addition		
NAME	RIVERO, ANA M		2.2 NA	ME				
STREET ADDRESS	1050 SW 137 CT		2.3 STF	REE1.	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184	New Year	2, 4 CI		5T - ZIP			
TITLE		☐ DELETÉ	3.1 TIT			Change Additio		
NAME			3.2 NA	-				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CI		ST-ZIP	Change Additio		
TITLE		ביין הברבוב	4.1 1(1)			C cuange C Addition		
NAME			4. 2 NA	MŁ	i			

6.4 City-St-ZIP CITY-ST-ZIP 14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee provided 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 atrachiment with a address.

4.3 STREET ADDRESS

5.8 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

Addition

☐ Addition

☐ Change

Change

**FILED** 

May 20 1998 8:00am

Secretary of State