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

1997

Principal Place of Business

2. Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

Suite, Apt. #, etc.

MIAMI FL 33015

21

6175 SW 187ST STE. G-17

DOCUMENT # P93000072498 (7)

Mailing Address

2a. Mailing Address

26 6175 J.W. 167 St.

1800 SW 157

TELESTAR COMMUNICATIONS, INC.

5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Zıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Yes No Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Garcia, Esther R1 Name STHER 3752 W-12TH AVE 62 HIALEAH FL 33012 83 84 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 Signature, typed or pertied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13 DELETE TITLE 11 TITLE Change Addition GARCIA, ESHTER NAME 12 NAME 6175 NW 167ST 0-17 3 -17 STREET ADDRESS 1.3 STREET ADDRESS MIAMIFL 330/5 CITY - \$1 - 71P 1.4 CITY-ST-ZIP TITLE DELETE VP ☐ Change Addition 2.1 TITLE GARCIA DAVID 6175 NW 1675T STE G-17 MIRMI, FL 33018 NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-7P 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CfTY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TILLE 4.1 TITLE Change Addition 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-ZP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7P 6.4 CITY - ST - ZIP 14. I do hereby 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 legal effect as if made under oath; that I am an officer or director of the corporation or the reveiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 15 1997 8:00am Secretary of State



1- p- 97 (305) 822-0064

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/18/1996

3. Date Incorporated or Qualified

10/19/1993

65-0441323

4. FEI Number