FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93 000076727

1. Corporation Name

MAXTEL, INC.

Principal Place of Business: 13501 SW 84 AV. ~~400 SUNSET DR.~~ ~~CORAL GABLES, FL 33143~~ MIAMI, FL 33156

Mailing Address: P.O. BOX # 301 MIAMI, FL 33256

2. Principal Place of Business (21): 13501 SW 84 AV ~~400 SUNSET DR~~	2a. Mailing Address (26): P.O. BOX
Suite, Apt #, etc (22):	Suite, Apt #, etc (27): # 301
City & State (23): MIAMI, FL ~~CORAL GABLES, FL~~	City & State (28): MIAMI, FL
Zip (24): 33156 ~~33143~~ — Country (25): USA	Zip (29): 33256 — Country (30): USA

3. Date Incorporated or Qualified:

3a. Date of Last Report: 04/28/95

4. FEI Number: 65-0448090 — ☐ 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

MIKKO ELLALA
~~400 SUNSET DR.~~ 13501 SW 84 AV
~~CORAL GABLES, FL 33143~~
MIAMI, FL 33156

10. Name and Address of New Registered Agent

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 607.0502 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: *Mikko Ellala* — DATE: 6/27/96

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRES. & TREASURER	☐ DELETE
NAME	MIKKO ELLALA	
STREET ADDRESS	~~400 SUNSET DR.~~ 13501 SW 84 AV	
CITY-ST-ZIP	~~CORAL GABLES, FL 33143~~ MIAMI, FL 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001889138 -07/10/96--01024--021 ***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	05019608	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mikko Ellala* MIKKO ELLALA (PRES) 4/29/96 305-841-6113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)