SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000001999 (9)

1. Corporation Name

MEXICAN TELEPHONE AND COMMUNICATIONS INTERNATION AL CORPORATION

Principal Place of Business	Mailing Address
3380 N W 114 ST MIAMI FL 33167 US (struck through)	3380 N W 114 ST MIAMI FL 33167 US (struck through)

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report: 08/11/1995
4. FEI Number: 65-0474082 — 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

2. Principal Place of Business	2a. Mailing Address
21 1139 Alfonso Ave	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Coral Gables FL	City & State 28
Zip 24 33146 — Country 25 Dade	Zip 29 — Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHECHTER, BEND 1915 BRICKELL AVE SUITE C1402 MIAMI FL 33129	81 Name: SCHECHTER, BENO 82 Street Address (P.O. Box Number is Not Acceptable): 1139 ALFONSO AVE 83 84 City: CORAL GABLES FL 85 Zip Code: 33146

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHECHTER, BENO		1.2 NAME	SCHECHTER, BENO	
STREET ADDRESS	1915 BRICKELL AVE #C1402		1.3 STREET ADDRESS	1139 ALFONSO	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	STEVAN, DAVID		2.2 NAME	STEVAN, DAVID	
STREET ADDRESS	1915 BRICKELL AVE #C1402		2.3 STREET ADDRESS	2899 COLLINS AVE PH E	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			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-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8/6/96 (Date) — (305)669-9123 (Daytime Phone #)