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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P9400006946 (5) DOCUMENT #
1. Corporation Name

TELCO MARKETING ENTERPRISE INC.



	Business	Mailing Address				
76080 OVERS	SEAS HIGHWAY A FL 33036	76080 OVERSEAS HIG ISLAMORADA FL 3303				
				3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Re 04/28/19	
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number	<i>F</i>	applied For
1 '	Willowlane	26 100 (1)	ow lane	65-0465642		lot Applicable
Suite, Apt. #,	<u> </u>	Suite, Apt. #, etc		5. Certificate of Status Desired	1 1 7 7 7	Additional
2		27	****		Fee F	Required
City & State	morada Fl.	City & State 28 1-5 amo (ag	Dai, Fli	Election Campaign Financing Trust Fund Contribution	Adde	May Be I to Fees
Zip 413~36	Country 25 MONTOS	Zip 29 3303G	Còuntry 30 MOR COC		□ No	199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	····
			81 Name			
GIRO, RAFAEL R 76080 OVERSEAS HIGHWAY ISLAMORADA FL 33036						
			83			
			84 City		FL 85 Zij	Code
SIGNATURE	and accept the obligations of, Sections and accept the obligations of Sections and the section of the sections of the section		: Fikgistered Agunt signat ira require	id within reinstating)	DATE.	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE	-	Change	Addition
NAME	GIRO, RAFAEL R		1.2 NAME			
STREET ADDRESS	76080 OVERSEAS HWY		1.3 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-ST-ZIP			
	IOPUNIO INDIA I E DOGGO		1.9 GH 1 - 31 - 20			Paris
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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 a oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and appears in Block 12 or Block "3 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

SIGNATURE: