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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

(96/6) (8/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007226 (1)

EAST WEST TELCO INC.

appears in Block 12 or Blo

SIGNATUR

Mailing Address Principal Place of Business 8362 PINES BLVD. 8362 PINES BLVD. STE. 204 STE. 204 PEMBROKE PINES FL 33024-6600 PEMBROKE PINES FL 33024 3a. Date of Last Report 3. Date Incorporated or Qualified 01/20/1994 10/03/1996 2. Principal Place of Business 21 8362 Pines Blvd. 4. FEI Number 2a. Mailing Address Applied For 65-0478142 Not Applicable 8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 28 This corporation has liability for intangible tay under s. 199.032, Yes X No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered 81 anderson. J R 8362 PINES BLVD. 62 -STE. 204-**B**3 PEMBROKE PINES FL 33024 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 displaced of Section 807.035, Florida Statutes.

SIGNATURE

\*\*ACCEPTANCE OF THE PROPERTY OF THE PRO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1.1 TITLE Tiři f GIFFORD, ROBERT 1.2 NAME NAME Blvd. Suite 390 8362 PINES BLVD. STE. 204 1.3 STREET ADDRESS -STREET ADORESS PEMBROKE PINES FL 33024 1.4 CITY - ST-ZIP Offy-ST 20 DELETE Change Addition 21 TITLE PHI 2.2 NAME MALE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY: ST: ZIE Change Addition DELETE 31 TITLE DILLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - ZIP ☐ Change. Addition DELETE 4.1 TITLE THUE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP ORY - 51 - 20P Change Addition DELETE 5.1 TITLE TILLE 5.2 NAME MAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP COTY-S1-7IP Addition Change DELETE 6.1 TITLE THEF 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP 14. It 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 of supplemental annual report is que 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 regimen or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name