

CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000011204

1. Corporation Name  
DURAVOICE CORPORATION

99 AUG -2 AM 10:55



07-07-99 90010 044 \$150.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business 3927 S.W. 82 AVENUE MIAMI FL 33155		Mailing Address 3927 S.W. 82 AVENUE MIAMI FL 33155	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent			
SCHIMMEL, ROBERT L 3191 CORAL WAY PH-2 MIAMI FL 33145			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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		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							
1.1 TITLE							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE							
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. I 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 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: Alita Patterson 7-1-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00478

CR2E034 (5/99)

# **DURATEL Inc.**

• BUSINESS COMMUNICATIONS SYSTEM  
• PANASONIC AUTHORIZED DEALER

3927 S.W. 82nd. Ave., Miami FL33155  
Service: (305) 266-6600 • Sales: 266-3151 • Fax: 266-4758

July 28, 1999

Florida Department of State  
Attn: Sean Toner  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

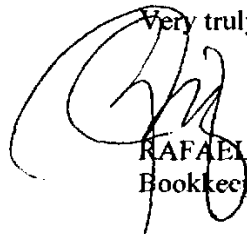
**RE: Duravoice, Corp.**  
**ID#:65-0474535**

Dear Mr. Toner:

In reference to the above mentioned, please have the late filing fee penalty assessed waived. It became aware to our company that the remittal of the filing fee of our corporation was not filed in time because the original notice was not received. We have been experiencing lost or misplaced mail in our area. Enclosed please find the filing fee of \$150.00 for the referenced corporation and the annual report. Please pardon any inconvenience.

If you have any questions or require additional information, please feel free to contact me.

Very truly yours,



RAFAEL A. DIAZ  
Bookkeeper

Enclosures  
cc:file