

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
Secretary of State
Dorinda J. A. (DORINDA) FLORES

APPROVED
AND
FILED

MAY 23 11:10:15

DOCUMENT # P94000028267 (0)

1. Corporation Name

STRATEGIC TELESYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

20533 BISCAYNE BLVD.
#4-133
AVENTURA FL 33180

3. Mailing Address

20533 BISCAYNE BLVD.
#4-133
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

04/13/1994

3a. Date of Last Report

4. FFI Number

65-0484634

Appoint Fee

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 5-197002?

Florida Statute

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MARLOWE, RONALD J
2601 S. BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133

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 607.01(2)(b) and 607.02, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all changes)

Signature of New Registered Agent (Required for all changes)

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

D
SMITH, JASON
11991 S.W. 15TH STREET
PEMBROKE PINES FL 33025

STREET ADDRESS

CITY, ST. ZIP

12.2

NAME

STREET ADDRESS

CITY, ST. ZIP

12.3

NAME

STREET ADDRESS

CITY, ST. ZIP

12.4

NAME

STREET ADDRESS

CITY, ST. ZIP

12.5

NAME

STREET ADDRESS

CITY, ST. ZIP

12.6

NAME

STREET ADDRESS

CITY, ST. ZIP

12.7

NAME

STREET ADDRESS

CITY, ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST. ZIP

13.2

NAME

STREET ADDRESS

CITY, ST. ZIP

13.3

NAME

STREET ADDRESS

CITY, ST. ZIP

13.4

NAME

STREET ADDRESS

CITY, ST. ZIP

13.5

NAME

STREET ADDRESS

CITY, ST. ZIP

13.6

NAME

STREET ADDRESS

CITY, ST. ZIP

13.7

NAME

STREET ADDRESS

CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(b), Florida Statutes. Further, I 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 incorporator or trustee or shareholder or owner of the corporation, and that my signature shall have the same legal effect as if made under oath. I am a shareholder or owner of the corporation and I am an individual with an address.

SIGNATURE:

Jason C. Smith

SIGNATURE AND TYPE IN PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/14/95

305-932-2884

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**CORPORATION
ANNUAL REPORT
1995**



DEPARTMENT OF STATE
Corporation Bureau
Tallahassee, Florida 32399-0001
(904) 493-2000

APPROVED
FEB
FEB

MAY 22 10:15

DOCUMENT # P94000029027 (7)

BAY COMMUNICATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office of Corporation 104 EMOGENE PL MOBILE AL 36606		2a. Mailing Address 104 EMOGENE PL MOBILE AL 36606		3. Date of Incorporation or Qualification 04/15/1994		3a. Date of Last Report	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FET Number 59-3240212		Applied For Not Applicable	
22. State of Incorporation 22		27. State of Mailing Address 27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State 23		28. City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. 24		25. 25		29. 29		30. 30	
7. This corporation has liability for adequate insurance for its officers and directors ☐ Yes ☐ No ☐ Not				8. This corporation has liability for adequate insurance for its officers and directors ☐ Yes ☐ No ☐ Not			

9. Name and Address of Current Registered Agent DANIEL, WILLIAM D 15 W STRONG ST 21B PENSACOLA FL 32501				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 601, 602, and 603, 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. Thereby, I accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 601, 602, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME D DANIEL, WILLIAM D STREET ADDRESS 104 EMOGENE PL CITY, STATE, ZIP MOBILE AL 36606		1. NAME ☐ Change ☐ Addition	
NAME D DANIEL, REBECCA Y STREET ADDRESS 104 EMOGENE PL CITY, STATE, ZIP MOBILE AL 36606		2. NAME ☐ Change ☐ Addition	
NAME D YOUNGBLOOD, NEWTON C STREET ADDRESS 5305 MUSKET RIDGE CITY, STATE, ZIP AUSTIN TX 78759		3. NAME ☐ Change ☐ Addition	
NAME D YOUNGBLOOD, NEWTON C STREET ADDRESS 5305 MUSKET RIDGE CITY, STATE, ZIP AUSTIN TX 78759		4. NAME ☐ Change ☐ Addition	
NAME D YOUNGBLOOD, NEWTON C STREET ADDRESS 5305 MUSKET RIDGE CITY, STATE, ZIP AUSTIN TX 78759		5. NAME ☐ Change ☐ Addition	
NAME D YOUNGBLOOD, NEWTON C STREET ADDRESS 5305 MUSKET RIDGE CITY, STATE, ZIP AUSTIN TX 78759		6. NAME ☐ Change ☐ Addition	
NAME D YOUNGBLOOD, NEWTON C STREET ADDRESS 5305 MUSKET RIDGE CITY, STATE, ZIP AUSTIN TX 78759		7. NAME ☐ Change ☐ Addition	
NAME D YOUNGBLOOD, NEWTON C STREET ADDRESS 5305 MUSKET RIDGE CITY, STATE, ZIP AUSTIN TX 78759		8. NAME ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1994 (2) 904, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that this statement shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to make this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 1, 2, or 3 of change of office or change of address.

SIGNATURE: *Douglas Daniel* *Doug Daniel* **5-10-95 (904) 432-6200**

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**INCORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
FILED**

6 MAY 22 AM 1995

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000030025 (8)

1. Corporation Name

LAPIR INVESTMENTS, INC.

**104 CRANDON BLVD.
SUITE 302
KEY BISCAYNE FL 33149**

**104 CRANDON BLVD.
SUITE 302
KEY BISCAYNE FL 33149**

(PRINT WITHIN THIS SPACE)

3. Date of Incorporation 04/20/1994	3a. Date of Last Report
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Fund Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for corporate tax under 1993 QAG Florida Statute ☐ Yes ☐ No	

2. Name of Officer or Director 21. Name	2a. Mailing Address 26. State
22. City	27. City & State
23. Zip	28. City & State
24. Name	25. State
29. City	30. City

9. Name and Address of Current Registered Agent

**SALA, A. ROSEMARY
104 CRANDON BLVD.
SUITE 302
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Applicable)
83. City	84. City
85. Zip Code	86. Zip Code

11. The agent for the preparation of this form is (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME SALA, A. ROSEMARY	104 CRANDON BLVD., SUITE 302 KEY BISCAYNE FL 33149	1. NAME	☐ Change ☐ Addition
2. NAME		2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95
305-361-0105

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Telephone: 904-224-1234
Fax: 904-224-1235

DOCUMENT # P94000031163 (6)

SUN SPLASH PAINTING, INC.

**APPROVED
AND
FILED**

COMMERCIAL

**REGISTERED
IN FLORIDA**

**5274 16TH PLACE SW
NAPLES FL 33999**

**5274 16TH PLACE SW
NAPLES FL 33999**

PLEASE WRITE IN THIS SPACE

2. Date of Change of Officers		2a. Mailing Address		3. Date Incorporated or Reincorporated		3a. Date of Last Report	
21. Same		2a. Same		4. FIC Number		Applied Fee	
22. State of Origin		2b. State of Origin		65-0481886		Not Applicable	
23. City & State		2c. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
24. Country		2d. Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
25. Country		2e. Country		7. Trust Fund Contribution		8. This corporation has liability for enterprise tax under S. 199 (1)(c).	
26. Country		2f. Country		8. Florida Statute		X Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OVIEDO, VERNOR E 5274 16TH PLACE SW NAPLES FL 33999				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State			
				85. Zip Code			

11. Pursuant to the provisions of Sections 601, 602, and 603, 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 hereby authorized to accept the resignation of the registered agent.

SIGNATURE: Vernor E. Oviedo Registered Agent 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	
1. NAME	D. OVIEDO, VERNOR E	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	5274 16TH PLACE SW	2. STREET ADDRESS	
3. CITY & STATE	NAPLES FL 33999	3. CITY & STATE	
4. NAME	D. MADRIGAL, LUIS	4. NAME	NO OTHER ☒ Change ☐ Addition
5. STREET ADDRESS	5274 16TH PLACE SW	5. STREET ADDRESS	
6. CITY & STATE	NAPLES FL 33999	6. CITY & STATE	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate for the corporation stated in the filing. I further certify that the information included 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 this is official or how for of this corporation or the name of another corporation is used in this report as required by Florida Statutes, and that my name appears in Block 1, or Block 1a, in proper or as an officer named with an address.

SIGNATURE: Vernor E. Oviedo P- es. 5/15/95

