FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90099 034 ***150.00

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DOCUMENT # P94000031977

1. Corporation Name

INFOSAT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7951 SW 6TH STREET SUITE 104 PLANTATION FL 33324	7951 SW 6TH STREET SUITE 104 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *15970 WEST STATE ROAD 84*	26 *15970 WEST STATE ROAD 84*	**65-0488017**	Not Applicable
Suite, Apt. #, etc. 22 *SUITE 145*	Suite, Apt. #, etc. 27 *SUITE 145*	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 *SUNRISE - FLORIDA*	City & State 28 *SUNRISE - FLORIDA*	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24 *33326*	Country 25 *USA*	Zip 29 *33326*	Country 30 *USA*	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTENEGRO, ELOY 1291-A SOUTH POWERLINE ROAD # 231 SUITE 206 POMPANO BEACH FL 33069	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 607.0502 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 **D** ☐ DELETE	1.1 TITLE **D** ☑ Change ☐ Addition
NAME **MONTENEGRO ELOY**	1.2 NAME *MONTENEGRO ELOY*
STREET ADDRESS **1291-A SOUTH POWERLINE ROAD # 231**	1.3 STREET ADDRESS *15970 WEST STATE ROAD 84 - SUITE 145*
CITY-ST-ZIP **POMPANO BEACH FL 33069**	1.4 CITY-ST-ZIP *SUNRISE, FLORIDA 33326*
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
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 (11/98)

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, with all other like empowered.

SIGNATURE: _____ *ELOY MONTENEGRO* _____ 4/26/99 (954) 423-2401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #