SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034768 (9)**

1. Corporation Name

TELE AMERICA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5180 N.W. 7TH ST. APT. 208 MIAMI FL 33126	5180 N.W. 7TH ST. APT. 208 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21: 8360 W Flagler ste 106	26: 8360 W Flagler
Suite, Apt. #, etc. 22: 106	Suite, Apt. #, etc. 27: 106
City & State 23: Miami	City & State 28: Miami FL
Zip 24: 33144 Country 25: DADE	Zip 29: 33144 Country 30: DADE

4. FEI Number: 65-0492591 — Applied For ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDES, OSCAR C 5180 N.W. 7TH ST. APT. 208 MIAMI FL 33126	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 within 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 X _____ DATE
(Signature and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	VALDES, OSCAR C	12 NAME		
STREET ADDRESS	5180 N.W. 7TH ST. APT. 208	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	GUTIERREZ, NEREYDA	22 NAME		
STREET ADDRESS	5180 N.W. 7TH ST. APT. 208	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126 OUT	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	VD/TD	☒ Change ☐ Addition
NAME	BECEIRO, ANA M	32 NAME	MANRIQUE IRIARTE	
STREET ADDRESS	1720 S.W. 36TH AVE.	33 STREET ADDRESS	403 NW 72 AVE #217	
CITY-ST-ZIP	MIAMI FL 33145 OUT	34 CITY-ST-ZIP	MIAMI FL 33126	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Oscar C. Valdés 07/07/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014338 CP