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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037177 (0)

Country

9. Name and Address of Current Registered Agent

CANALES

25

CANALEST RAFAEL

5530 S.W. 3RD ST.

MIAMI FL 33134

QUALITY PHONE RENTAL, INC.

Principal Place of Business	Mailing Address	
2445 NW 39 AVE	2445 NW 39 AVE	
MIAMI FL 33142	MIAMI FL 33142-6739	

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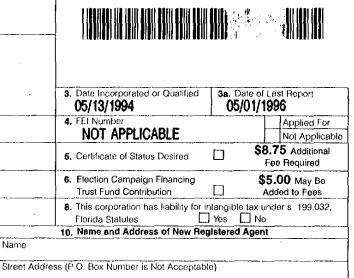
29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 08 1997 8:00am Secretary of State



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 blie if	MOTA MANAGEMENT	Registered Agent signature r	required when trinstating)	DATE					
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	DELFIE	1.1 TOLE			Change	Addition			
NAME	Candle j, Rafael		1.2 NAME	CANALES	RAFAEL					
STREET ADDRESS	5530 S.W. 3RD ST		13 STREET ADDRESS		icin Mec					
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY - ST - ZIP							
TITLE		DELETE	2.1 THLE			Change	Addition			
NAME			2.2 NAME	•						
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY-ST-ZIP				ļ			
TITLE		DELETE	3 1 THE			☐ Change	Addition			
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS				l			
CITY-ST-ZIP			3.4. CITY - ST - ZIP							
TITLE		☐ DELETE	4.1 TOLE			☐ Change	Addition			
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREFT ADDRESS							
CITY-ST-ZIP			4.4 DITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE			Change	Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 \$1REET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		☐ DCLETE	6 1 TITLE			Change	Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 \$1REE1 ADDRESS							
CITY-ST-ZIP	_		6.4 CITY- ST-ZIP							

Country

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83 City

30

14. Too hereby certify that the information supplied with this thing 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 is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the foreportion or tipe receive or trustee on information 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 in an effective and address.

OHIGH

SIGNATURE: //C/ON/S/ON/S/

1/20/00

1205 299-2021