FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:39

DOCUMENT # P94000050100 (4)

1. Corporation Name
URBAN EDGES, INC.

Principal Place of Business
1600 LEJEUNE ROAD
CORAL GABLES FL 33134

Mailing Address
1600 LEJEUNE ROAD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 4420 NW 2nd St.	2a. Mailing Address: 26 1330 Pennsylvania Ave
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27 14C
City & State: 23 Miami, FL	City & State: 28 Miami Beach, FL
Zip: 24 33126 County: 25 USA	Zip: 29 33139 County: 30 USA

4. FEI Number: 65-0503567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] $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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent
HOARE, DENNIS
1600 LEJEUNE ROAD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Hoare, Dennis
82 Street Address (P.O. Box Number is Not Acceptable): 1330 Pennsylvania Ave. #14C
83
84 City: Miami Beach FL 85 Zip Code: 33139

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	PTD	1.1 TITLE	PTD [X] Change ☐ Addition
NAME	HOARE, DENNIS	1.2 NAME	Hoare, Dennis
STREET ADDRESS	1600 LEJEUNE ROAD	1.3 STREET ADDRESS	1330 Pennsylvania Ave.
CITY ST ZIP	CORAL GABLES FL 33134	1.4 CITY ST ZIP	Miami Beach, FL 33139
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, WILLIAM S JR	2.2 NAME	
STREET ADDRESS	4420 NW 2ND STREET	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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)(k), 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: William S. Russell, Jr. 6/1/95 (305-445-5055)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140630 CP

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DIVISION OF CORPORATIONS

DOCUMENT # P94000050194 (7)

1. Corporation Name
TELETALIA, INC.

Principal Place of Business	Mailing Address
7101 W. 24TH AVE. #46 HIALEAH FL 33016	7101 W. 24TH AVE. #46 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4840 N.W. 7 ST.	26 4840 N.W. 7 ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, FL.	28 Miami, FL.
24 Zip 33126 25 Country USA	29 Zip 33126 30 Country USA

4. FEI Number: 65-0503223 — 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

VALDES, LEANDRO
7101 W. 24TH AVE. #46
HIALEAH FL 33016

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	VALDES, LEANDRO	12 NAME	
STREET ADDRESS	7101 W. 24TH AVE. #46	13 STREET ADDRESS	4840 NW 7 ST.
CITY ST ZIP	HIALEAH FL 33016	14 CITY ST ZIP	Miami, FL. 33126
TITLE	DT	21 TITLE	☒ Change ☐ Addition
NAME	VALDES, TERESA	22 NAME	
STREET ADDRESS	7101 W. 24TH AVE. #46	23 STREET ADDRESS	4840 NW 7 ST.
CITY ST ZIP	HIALEAH FL 33016	24 CITY ST ZIP	Miami, FL. 33126
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	

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 13 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0008118 CP