

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053315 (5)**

1. Corporation Name

MULTIPLEX TELECOMMUNICATIONS, INC.

Principal Place of Business

1617 N FLAGLER DR
SUITE 3B
WEST PALM BEACH FL 33407

Mailing Address

1617 N FLAGLER DR
SUITE 3B
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

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

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD
SUITE 600
WEST PALM BEACH FL 33401

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **President**
NAME: **Hector C. Megy**
STREET ADDRESS: **1617 N. Flagler Drive, # 11A**
CITY, ST, ZIP: **West Palm Beach, FL, 33407**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

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NAME: _____
STREET ADDRESS: _____
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NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **President** Change Addition
12 NAME: **Hector C. Megy**
13 STREET ADDRESS: **1617 N. Flagler Drive # 11A**
14 CITY, ST, ZIP: **West Palm Beach, FL 33407**

21 TITLE: _____ Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY, ST, ZIP: _____

31 TITLE: _____ Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY, ST, ZIP: _____

41 TITLE: _____ Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY, ST, ZIP: _____

51 TITLE: _____ Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, ST, ZIP: _____

61 TITLE: _____ Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY, ST, ZIP: _____

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****800.00 ****200.00

5/9/95 west

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 110.07(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, as an attachment with an address.

SIGNATURE:

Hector C. Megy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95 (402)822-6499
Telephone Number