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

Mailing Address

555 15TH STREET

MIAMI FL 33132

SUITE 100

US

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

555 NE 15TH ST

MIAMI FL 33132

HS



FLORIDA DEPARTMENT OF STATE

FILED

Feb 16, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02-16-1999 90017 006 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000054262**

Corporation Name

RELAC TELECOMMUNICATIONS, INC.

07/21/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0539896 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 83 84 City 85 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), CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME SCUAEFER, MANFRED 1.3 STREET ADDRESS **RHEINGRAFENSTRASSEE 78** STREET ADDRESS BADKREUZNACH GE 55543 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME CHRISTEN, CARIN NAME AM HEIDSTAMM 51 2.3 STREET ADDRESS STREET ADDRESS KOLN GE 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME RENZLER, EDGAR 555 N.E. 15TH STREET, 29B 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

KENZLER)