

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 42496 B-

4360 C

DOCUMENT # P94000060952 (6)

1. Corporation Name

BURNUP & SIMS TELCOM OF FLORIDA, INC.



Principal Place of Business

8600 N.W. 38TH STREET
EIGHTH FLOOR
MIAMI FL 33166
US

Mailing Address

8600 N.W. 38TH STREET
EIGHTH FLOOR
MIAMI FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 of Registered Agent (if not the same as the corporation's name)

Signature of Registered Agent (if not the same as the corporation's name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	MAS, JORGE	8600 N.W. 38TH STREET	MIAMI FL 33166	☐
VTD	VALDES, CARLOS A	8600 N.W. 38TH STREET	MIAMI FL 33166	☐
VD	PERERA, ISMAEL	8600 N.W. 38TH STREET	MIAMI FL 33166	☐
S	DAMON, NANCY J	8600 N.W. 38TH STREET	MIAMI FL 33166	☐
P	DUFF, CHARLES D	7221 DR. MARTIN LUTHER KING JR. BLVD.	TAMPA FL 33519	☐
				☐

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY-STATE-ZIP	Change	Addition
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY-STATE-ZIP	☐	☐
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY-STATE-ZIP	☐	☐
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY-STATE-ZIP	☐	☐
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY-STATE-ZIP	☐	☐
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY-STATE-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: *Nancy J. Damon* Nancy J. Damon 4-7-96 305-599-1800

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)