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 -1 AM 9:56

DOCUMENT # **P94000069586 (3)**

1. Corporation Name
ALLIED NORTHERN TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
8042 LAKE POINTE DR. PLANTATION FL 33322	8042 LAKE POINTE DR. PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3900 N.W 79th Ave
22 Suite, Apt #, etc: 560
23 City & State: MIAMI FL
24 Zip: 33166
25 Country: U S A

2a. Mailing Address
26: PO BOX 2
27 Suite, Apt #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0522473 — 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

PASTOR, GUILLERMO A
~~8042 LAKE POINTE DR.~~
~~PLANTATION FL 33322~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 10709 CLEARY BOULEVARD
83: APT 112
84 City: PLANTATION FL 85 Zip Code: 33324

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: _____ (Address, 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	(PD)	11 TITLE	NONE ☒ Change ☐ Addition
NAME	PASTOR, GUILLERMO A	12 NAME	
STREET ADDRESS	~~8042 LAKE POINTE DR.~~	13 STREET ADDRESS	10709 CLEARY BOULEVARD APT 112
CITY ST ZIP	~~PLANTATION FL 33322~~	14 CITY ST ZIP	PLANTATION FL 33324
TITLE		21 TITLE	PD ☐ Change ☒ Addition
NAME		22 NAME	ALEXIS NEGRO
STREET ADDRESS		23 STREET ADDRESS	3900 N.W 79TH AVE #560
CITY ST ZIP		24 CITY ST ZIP	MIAMI FL 33166
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 305 472 2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220000 CP