FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000080052 (1)**

1. Corporation Name

PRO-TELE SYSTEMS, INC.

Principal Place of Business	Mailing Address
155 NE 162 ST N MIAMI FL 33162	155 NE 162 ST N MIAMI FL 33162

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report: **08/16/1995**

2. Principal Place of Business
21 160 N.W. 176th Street
22 Suite #205
23 North Miami FL
24 Zip 33169 25 Country Dade

2a. Mailing Address
26 160 N.W. 176th Street
27 Suite #205
28 North Miami FL
29 Zip 33169 30 Country Dade

4. FEI Number: 65-0625255 — APPLIED FOR ☐ 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

SUSI, ALBERTO J
155 NE 162 ST
N MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name: Aelion & Loren PA
82 Street Address (P.O. Box Number is Not Acceptable): 152 N.E. 162nd Street
83: 5th Floor
84 City: North Miami FL 85 Zip Code: 33162

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: David Aelion — DAVID AELION ATTORNEY AT LAW — DATE: 5/28/96
(Signature, typed or printed name of registered agent and title if applicable) (Date: Registered Agent signature required for the following)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SUSI, ALBERTO J		1.2 NAME	
STREET ADDRESS	155 NE 162 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33162		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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***225.00

6/17 JL

CR2E034 (12/95)

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 changed, or on an attachment with an address.

SIGNATURE: Alberto J Susi - ALBERTO J. SUSI 5-7-96 (305)651-3200.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)