

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000081653 (5)**

1. Corporation Name

LATEL COMMUNICATIONS GROUP, INC.

Principal Place of Business

**8300 NW 53RD ST
SUITE 109
MIAMI FL 33166**

Mailing Address

**8300 NW 53RD ST
SUITE 109
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

**FILED
95 JUL 10 AM 9:53**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business	2a. Mailing Address
21 8405 N.W. 53rd STREET	26 8405 N.W. 53rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE # C 106	27 Suit # C 106
City & State	City & State
23 MIAMI - FLORIDA	28 Miami Florida
Zip	Zip
24 33166	29 33166
Country	Country
25	30

4. FEI Number

105-0534893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**OTERO, JOSE LUIS P
8300 NW 53RD ST
SUITE 109
MIAMI FL 33166**

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date (if applicable)

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTERO, JOSE LUIS P
STREET ADDRESS	10284 NW 9TH ST CIR #201
CITY - ST - ZIP	MIAMI FL 33172
TITLE	D
NAME	VAQUERIZO, JOSE LUIS P
STREET ADDRESS	10284 NW 9TH ST CIR #201
CITY - ST - ZIP	MIAMI FL 33172
TITLE	D
NAME	VAZQUE, ROGELIO
STREET ADDRESS	9551 FONTAINEBLEAU BLVD #515
CITY - ST - ZIP	MIAMI FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Change #