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 MAY -1 AM 8:33

DOCUMENT # P94000085965 (9)

1. Corporation Name
ATLANTIC TELEPHONE SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~1343 LENOX AVENUE~~ ~~MIAMI BEACH FL 33139~~	~~1343 LENOX AVENUE~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1010 N. VENETIAN DR	26 1010 N. VENETIAN DR
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33139 25 Country: U.S.A.	29 Zip: 33139 30 Country: U.S.A.

4. FEI Number: 65-0537794 ☐ 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

7. This corporation has liability for emerging tax under § 193.625, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MOORMAN, DAVID G~~ ~~1343 LENOX AVENUE~~ ~~MIAMI BEACH FL 33139~~	81 Name: CHARLES J. HAZLETT 82 Street Address (P.O. Box Number is Not Acceptable): 1010 N VENETIAN DR 83 84 City: MIAMI FL 85 Zip Code: 33139

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: Charles J Hazlett 5/15/95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	OFFICER / ~~DIRECTOR~~ ☒ Change ☐ Addition
NAME	~~MOORMAN, DAVID G~~	12 NAME	CHARLES HAZLETT
STREET ADDRESS	~~1343 LENOX AVENUE~~	13 STREET ADDRESS	1010 N. VENETIAN DR DIRECTOR
CITY ST ZIP	~~MIAMI BEACH FL 33139~~	14 CITY ST ZIP	MIAMI FL 33139
TITLE		21 TITLE	OFFICERS ☐ Change ☒ Addition
NAME		22 NAME	GEORGE LOPEZ
STREET ADDRESS		23 STREET ADDRESS	1036 OCEAN DR OFFICER
CITY ST ZIP		24 CITY ST ZIP	MIAMI BEACH FL 33139
TITLE		31 TITLE	OFFICER ☒ Change ☐ Addition
NAME		32 NAME	DAVID MOORMAN (N/A)
STREET ADDRESS		33 STREET ADDRESS	PO BOX 398793 OFFICER
CITY ST ZIP		34 CITY ST ZIP	MIA BEACH FL 33239-8793
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	REMITTED BY MAY 1 ☐ 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: Charles J Hazlett 4/26/95 305-372-0055
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone #

0147446 CP