## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000089579 (4)

WYNWOOD CHECK EXPRESS & TELECOMMUNICATIONS, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		i samirami nim imiti mynyi majiy majiy majiy majiy	I MATER TOTAL EFIEL INDIA INII 1881
3012 NW 2 AVE MIAMI FL 33127	3012 NW 2 AVE MIAMI FL 33127			HIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business			12/12/1994	7.2.7.
	2a. Malling Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26   Suite, Apt. #, etc.		65-0541424	Not Applicable
22 City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	8. This corporation owes or has paid the	Added to Fees
24 25	29	30	Personal Property Tax due June 30.	Current year Intangible  ☐ Yes ☐ No
	of Current Registered Agent	[50]	10. Name and Address of New Register	
PILOTO, JULIO		81 Name		
8390 S.W. 5TH ST.		82 Street	Address (D.O. Davidson in Alexander)	
MIAMI FL 33144			Address (P.O. Box Number is Not Acceptable)	
		83		
_		84 City	F	85 Zip Code
SIGNATURE	Sulio Piloto PR	les, the above-named authorized by the corporida Statutes.  ESTUENT  E. Registered Agent signature	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing its registered appointment as registered
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE PVT	☐ DELETE	1.1 THILE		Change Addition
NAME PILOTO, JULIO		1.2 NAME		
STREET ADDRESS 3012 NW 2 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33127	Dever	1.4 City-St-ZiP	7.	
TITLE	L] DELETE	2.1 TITLE		L Change   Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2. 4 CITY-ST-ZIP		[ ] 1 (A)
TITLE NAME	☐ DELETE	3.1 TITLE		Change Addition
		3.2 NAME		
STREET ADDRESS .		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	band Secret	4. 2 NAME		C Change C Abailloil
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		Change Rountell
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME	<del>-</del>	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 City-St-ZiP		
	oplied with this filing does not qualify fo		d in Section 119 07(3)(i). Florida Statutes, I further	certify that the information

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 opt or the deciver of sistee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in indicated on this annual report of officer or director of the corpor Block 12 or Block 13 if change