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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90015 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000090437

1. Corporation Name

IN TOUCH SERVICES ENTERPRISES, INC.



Principal Place of Business

2750 SW 87TH AVE  
SUITE 206  
MIAMI FL 33016  
US

Mailing Address

2750 SW 87TH AVE  
SUITE 206  
MIAMI FL 33016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1994

4. FEI Number

65-0539413

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2750 SW 87th Ave

22 Suite, Apt. #, etc.

22 201

23 City & State  
MIAMI FL

24 Zip 33165 25 Country DADE

2a. Mailing Address

26 2750 SW 87th Ave

27 Suite, Apt. #, etc.

27 201

28 City & State  
MIAMI FL

29 Zip 33165 30 Country DADE

9. Name and Address of Current Registered Agent

CARLOS A MORA  
2750 SW 87TH AVE  
#206  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name CARLOS A. MORA

82 Street Address (P.O. Box Number is Not Acceptable)

82 2750 SW 87th Ave #201

83

84 City

MIAMI

FL

85 Zip Code

33165

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/14/99

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME CARLOS A MORA  
STREET ADDRESS 1925 SW 107 AVE, #204  
CITY-ST-ZIP MIAMI FL 33165

TITLE D  
NAME AGUILERA, ROSALINA  
STREET ADDRESS 1925 SW 107 AVE, #204  
CITY-ST-ZIP MIAMI FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/99 (205) 226-5504

CR2E034 (1/98)