

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000090913 (2)**

1. Corporation Name
TELLMA CORPORATION



Principal Place of Business

Mailing Address

11461 NW 39 STREET
SUNRISE FL 33323

11461 NW 39 STREET
SUNRISE FL 33323

3. Date Incorporated or Qualified **12/14/1994** 3a. Date of Last Report **07/28/1995**

2. Principal Place of Business **BLVD**
21 **9976 COSTA DEL SOL** 2a. Mailing Address
26 **9976 COSTA DEL SOL BLVD**

4. FEI Number **65-0538711** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **MIAMI FL.** 28 City & State **MIAMI FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33178** 25 Country 29 Zip **33178** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALAGA, ERNESTO N
4555 NW 99 AVE #302
MIAMI FL 33178

81 Name **ERNESTO N. MALAGA**
82 Street Address (P.O. Box Number is Not Acceptable)
9976 COSTA DEL SOL BLVD
83
84 City **MIAMI** 85 Zip Code **FL 33178**

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]* **ERNESTO N. MALAGA** DATE **6/12/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	TELLES, LUCIA	
STREET ADDRESS	11461 NW 39 STREET	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MALAGA, ERNESTO N	
STREET ADDRESS	4555 N W 99 AVE #302	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MALAGA ERNESTO N.	
13 STREET ADDRESS	9976 COSTA DEL SOL BLVD.	
14 CITY-ST-ZIP	MIAMI, FL 33178	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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]* **ERNESTO N. MALAGA** DATE **6/12/96** 305-591-7778

CR2E034 (12/95)