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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Daytime Prions #

0242282

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090913 (2)

TELLMA CORPORATION

STREET ADDRESS

SIGNATURE:

9976 COSTA DEL SOL BLVD. 94 MIAMI FL 33323 M			Mailing Address 9976 COSTA DEL SOL BLVD. MIAMI FL 33178-2935 US							
							3. Date Incorporated or Qualified 12/14/1994		ite of Last Re 18/1996	eport
<u></u>	Place of Business		2a. Mailing Address				4. FEI Number	-1		oplied For
21 Suite, Apt #, etc.			Suite, Apt #, etc.			65-0538711	Not Applicable			
22		27	r			5. Certificate of Status Desired		Fee Re		
City & State			City & State				6. Election Campaign Financing		\$5.00	
23 Zip	Country	28	7 ір	Cou	intry		Trust Fund Contribution		Added t	
24	25	29	, ₁ , ,	30	ariti y		8. This corporation has liability for in Florida Statutes	nta⊓gible ¶Yes [. 199.032,
571	9. Name and Address of Curr		red Agent	1			10. Name and Address of New Re	gistered	Agent	
	INESTO N. MALAGA				81	Name				
99			82	Street Addr	dress (P.O. Box Number is Not Acceptable)					
ML	AMI FL 33178				83	 	·			
					03					
					84	City		FL	85 Zip (Code
SIGNATURE	am fam har with, and accept the ob- signalize this discriminations of registrical OFFICERS A	agent and title if	applicative (NO				red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	RS IN 12
TILLE	PT		DELETE	1.1 1	ITLE				Change	Addition
NAME	malaga, ernesto n.			12 N	AME					
STREET ADDRESS).		1.3 \$	TREET	ADDRESS				
CHY-ST 2F	MIAMI FL		Llogical			T-ZIP			Change	Addition
TITLE			DELETE	2.1 T					L Change	Addition
NAME CIRCL ADDOSES				2.2 N		ADDRESS				
STREET ADDRESS CHY+S1-ZIP) 					ST-ZIP				
1001-51-70			DELETE	3.1 7		51 211			Change	Addition
NAMI				3.2 N	AME					
STREET ADDRESS	5			3.3 S	TREET	ADDRESS				
CHY-ST ZIE				3.4. (CITY-	ST-ZIP				
THILE			DELETE	4.1 T	ITLE				Change	Addition
NAVE				4.23	NAME					
STREET ADDRESS	s			4.3 \$	TREET	ADDRESS				
CHTY - ST - ZiP						57-2IP		<u>.</u>		
1)filF			☐ DELETE	5 1 T	ITLE				Change	Addition
NAME	1			5.2 N	AME					
STREET ADORESS	5			5.3 S	TREET	ADDRESS				
CITY-ST-7IP				5.40	HY-5	ST-ZIP				
THE			DELETE	6.1 T	ITLE				Change	Addition
NAM(6.2 8	IAME					

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. If do 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 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 19 attachment with an address.