

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 # P95000003320 (5)

1. Corporation Name

MULTITONER INC.

Principal Place of Business

801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131



3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

ENV 65-0549294

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

SKOLA, THOMAS J
801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131

81 Name

SKOLA, THOMAS J.

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

5201 Blue Lagoon Drive
Suite 100

83 City

Miami

FL

85 Zip Code

33126

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

☐ Change ☒ Addition

1.2 NAME

NASCIMENTO, ALEXANDRE

1.3 STREET ADDRESS

5201 Blue Lagoon Drive, Suite 100

1.4 CITY - ST - ZIP

Miami, Florida 33126

2.1 TITLE

D

☐ Change ☒ Addition

2.2 NAME

MIRANDA, ROGERIO SILVA

2.3 STREET ADDRESS

5201 Blue Lagoon Drive, Suite 100

2.4 CITY - ST - ZIP

Miami, Florida 33126

3.1 TITLE

S

☐ Change ☒ Addition

3.2 NAME

SKOLA, THOMAS J.

3.3 STREET ADDRESS

5201 Blue Lagoon Drive, Suite 100

3.4 CITY - ST - ZIP

Miami, Florida 33126

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 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 recorder 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23/96

Date

Daytime Phone #

(305) 639-2906

CR2E034 (12/95)