

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011973 (1)

1. Corporation Name
MASTEC TELEPORT, INC.



Principal Place of Business 8600 N.W. 36 ST. MIAMI FL 33166	Mailing Address 8600 N.W. 36 ST. 8TH FLOOR MIAMI FL 33166-6648 US
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2. Principal Place of Business 21 3155NW 77th AVE Succ. Apt. #, etc.	2a. Mailing Address 26 3155NW 77th AVE Suite. Apt. #, etc.
22 City & State 23 Miami FL Zip 24 33122	27 City & State 28 Miami FL Zip 29 33122
Country 25 US	Country 30 US

3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0558649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAS, JORGE	1.2 NAME	
STREET ADDRESS	8600 N.W. 36TH ST., 8TH FLOOR	1.3 STREET ADDRESS	3155NW 77th AVE
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD ALCAZAR, PAUL	2.2 NAME	
STREET ADDRESS	8600 NW 36 ST 8TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD PERERA, ISMAEL	3.2 NAME	PERERA, ISMAEL
STREET ADDRESS	8600NW 36TH ST 8TH FLOOR	3.3 STREET ADDRESS	3155NW 77th AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S DAMON, NANCY J.	4.2 NAME	
STREET ADDRESS	8600 NW 36ST 8TH FL	4.3 STREET ADDRESS	3155NW 77th AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	REZENDE, UBRATAN
STREET ADDRESS		5.3 STREET ADDRESS	3155NW 77th AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: Nancy J. Damon **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 1-9-97 **DAYTIME PHONE #** 305-599-1800

CR2E034 (9/96)