**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000016287

CONTEL RAGS INC.

## FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90005 027 \*\*\*550.00



Principal Place	e of Business		Maili	ng Address				T SOUTHOUS THE SOURCE BOTTL BOSTL BODIES BOTTL BOSTL HOUSE DITTO THOSE HOUSE HOUSE HOUSE HOUSE
601 NW 7TH S	TREET		ect N	W 7TH STREET				
MIAMI FL 33136				MIAMI FL 33136				
	-							DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								02/28/1995
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				65-0560888 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22				27				5. Certificate of Status Session Fee Required
City & State				City & State				6. Election Campaign Financing 53.00 May be
23			28					Trust Fund Contribution
Zip	L	Country	z	Zip Cou				8. This corporation owes the current year
24	25		29	9 30				Intangible Personal Property. Yes No
	9. Name and	Address of Curren	t Register	red Agent				10. Name and Address of New Registered Agent
		=				81	Nam	lame
	ns, richard					Stre	treet Address (P.O. Box Number is Not Acceptable)	
	NW 107TH A							
SUITE 200								
MAIM	VII FL 33172					84	City	City 85 Zip Code
							-	**************************************
11. Pursuant	to the provisions	s of sections 60 .050	2 and 607.	1508, Florida Statute	s, the ab	ove-i	name	med corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered
office or agent. La	registered agent am temiliar with	or both, or the State	ations of, s	. Such change was a section 607.0505, Flo	autnorizeo orida Stat	oy utes	tne co	e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE CALL SIGNATURE								
Signature typed or printed name of registered agent and title if applicable. (NOTE: Re								signature required when reinstating) DATE
12.		OFFICERS AN	ID DIRECT	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP			DELETE	1.1 TIT	LE		Change Addition
NAME	Marti, ana	IBIS			1.2 NA	ME		ļ
STREET ADDRESS	601 N W 7TH STREET				1.3 ST	1.3 STREET ADDRESS		DRESS DRESS
CITY-ST-ZIP	MIAMI FL 33	136			1.4 CIT	Y-ST-	-ZIP	
TITLE .	PRESIDE	TNS	-	DELETE	2.1 TIT	LE		Change
NAME	MARTI PETE					ME		
STREET ADDRESS	cod as as as as as a composition					REET	ADDRES	DRESS
CITY-ST-ZIP						Y-ST-	-ZIP	
TITLE				DELETE	3.1 TIT	LE		Change Addition
NAME					3.2 NA	ME		
STREET ADDRESS					3.3 ST	REET.	ADDRES	DRESS
City-St-Zip					3.4 CF	TY-ST	-ZIP	<u> </u>
TITLE				DELETE	4.1 TIT	LE		Change Addition
NAME				_	4.2 NA	ME		
STREET ADDRESS					4.3 ST	REET.	ADDRES	DRESS
CITY-ST-ZIP					4,4 CI			
TITLE		·		DELETE	5.1 TIT			Change Addition
NAME					5.2 NA	ME		
STREET ADDRESS							ADDRES	DRESS
}					5.4 CI			
CITY-ST-ZIP TITLE			<del></del>	DELETE	6.1 TIT			Change Addition
}				☐ DECE IE	6.2 NA			Griange Addition
NAME	1				- 1		ADORES	DECC
STREET ADDRESS	(							
CITY-ST-ZIP	L	41 - 11 - 14			6.4 Cf	1-51-	-ZIP	ated in postion 440 07/2V/i). Florida Statutos I further portify that the information

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 reports 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 comporation or other receiver or trystee 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 or an attachment with an address.

SIGNATURE:

PETE MARTI RINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

(305) 381-9388