**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 044 \*\*\*158.75

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037027

1. Corporation Name

INTERNATIONAL WIRE COMMUNICATIONS, INC.

	e of Business	Mailing Address		
10700 N. KENDA	ALL DRIVE	10700 N. KENDALL DRIVE		
CAPITAL PLAZA	. SUITE 204	CAPITAL PLAZA, SUITE 204		DO MOT WIDITE IN THIS SPACE
MIAMI FL 33176	3	MIAMI FL 33176		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				05/10/1995
2. Principal Pl	lace of Business	2a. Mailing Address	-	4, FEI Number Applied For
21		26		65-0579123 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		The reduied
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	2930		Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
			81 Name	
FURS	ST, JAMES A		82 Street Add	dress (P.O. Box Number is Not Acceptable)
1070	0 N. KENDALL DRIVE		UZ Sileet Add	Diess (1.10. Dox Hullings in Not / tosapunds)
CAPI	ITAL PLAZA, SUITE 204		83	
MIAM	AI FL 33176			
ļ			84 City	FI 85 Zip Code
	to the arminisms of Spations 607 050	2 and 607 1508 Florida Statutes t	the above-named com	poration submits this statement for the purpose of changing its registered
l office or re	egistered agent, or both, in the State (	of Florida. Such change was autho	orized by the corporati	tion's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes.	
SIGNATURE				
CICITATIONE		note o		DATE
	Signature, typed or printed name of registered agen		pistered Agent signature require	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN		13. 1.1 TITLE <b>V</b>	ad High to Code 9/
12.	OFFICERS AN D FURST, JAMES A	D DIRECTORS	13. 1.1 TITLE V 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN D FURST, JAMES A 10700 N. KENDALL DRIVE, SUI	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  AChange Addition  AChange Addition  ACHANGES TO OFFICERS AND DIRECTORS IN 12  ACHANGE ACHANGES TO OFFICERS AND DIRECTORS IN 12  ACHANGES TO OFFICER
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURST, JAMES A 10700 N. KENDALL DRIVE, SUI MIAMI FL 33176 D DIAZ, DAVID S 10700 N. KENDALL DRIVE, SUI MIAMI FL 33176	D DIRECTORS  DELETE  TTE 204  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  T  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.7 TITLE  4.7 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  7.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  7.1 TITLE  7.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  AChange Addition  ACHANGE ACHANGE ADDITION  ACHANGE
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14. 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 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 truefee 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 of a statute of the corporation of the corporation

61 TITLE

6.2 NAME

6,3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE.

☐ Change

Addition