

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044687 (8)

1. Corporation Name
TELPRINC CORPORATION

Principal Place of Business

4619 NW 2ND TERR
MIAMI FL 33126-5351
US

Mailing Address

4619 NW 2ND TERR
MIAMI FL 33126-5351
US

2. Principal Place of Business

21 4619 NW 2ND TERR
Suite, Apt. #, etc.

22 City & State
MIAMI FL

23 Zip Country
33126 US

24 33126

2a. Mailing Address

26 4619 NW 2ND TERR
Suite, Apt. #, etc.

27 City & State
MIAMI FL

28 Zip Country
33126 US

29 33126

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report
04/25/1996

4. FEI Number
65-0590915

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TELLO, ENRIQUE
6975 W. 16TH AVE.
#214
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name
VICTOR PRINCE
82 Street Address (P.O. Box Number is Not Acceptable)
4619 NW 2ND TERR
83
84 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 *V. Prince*

VICTOR J. PRINCE

4/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	TELLO, ENRIQUE	
STREET ADDRESS	6975 W. 16TH AVE., #214	
CITY- ST- ZIP	HIALEAH FL 33014	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	PRINCE, VICTOR	
STREET ADDRESS	4619 NW 2ND TERR	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PSD PRINCE, VICTOR
2.3 STREET ADDRESS	4619 NW 2ND TERR
2.4 CITY- ST- ZIP	MIAMI FL 33126
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *V. Prince*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

Daytime Phone #

CR2E034 (9/96)