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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045869

1. Corporation Name

TEL-TECH COMMUNICATIONS, INC.

Principal Place	e of Business	Mailing Address					18 111 10 121 80 771		
1910 WEST 56TH STREET		1910 WEST 56TH STREET			1				
APARTMENT #3416		APARTMENT #3416			1				
HIALEAH FL 33012		HIALEAH FL 33012				RITE IN THIS	SPACE		
						ncorporated or Qualifer 8/1995	d 	_	
2. Principal P	face of Business	2a. Mailing Address			4. FEI N	umber		A	pplied For
21	• •	26			65-0	593381		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		E Cortif	5. Certifcate of Status Desired			Additional	
22		27		5. Ceruii	Ale Of Status Desired	<u></u>	Fee R	equired	
City & State		City & State		6. Electi	on Campaign Financing	,	\$5.00	May Be	
23		28			Trust	Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This o	orporation owes the cu	rrent year Int		[
24	25	- 29 :	30			nal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name	and Address of New	Registered	Agent	
041.	DIA DOMINIOO		81	Name					ļ
	DIA, DOMINGO		82	Street A	ddress (P.O. Bo	x Number is Not Accep	table)		·
	WEST 56TH STREET				,		, 		
	RTMENT #3416		83						
HIAL	EAH FL 33012		0.4	014				85 Zip	Code
*	•		84	City			FL	. 3 2	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida, Such change was au	thorized by	e-named of	corporation subm	its this statement for th directors. I hereby acc	e purpose of ept the appoi	changing its	s registered egistered
agent I a	m familiar with, and accept the obligat	tions of Section 607 0505 Florid	da Statutes						I
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes						
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes		quired when reinstating		DATE		
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agent. I an SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	tions of, Section 607.0505, Flori t and title if applicable. (NOTE: F D DIRECTORS	Registered Ager		quired when reinstating	·)	DATE	ID DIRECTO	ORS IN 12
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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 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, with a other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS . 1 ; 3

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99