

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050357 (9)

1. Corporation Name

COMTEL COMMUNICATIONS GLOBAL NETWORK NORTH, INC.



Principal Place of Business

Mailing Address

3909 NE 163RD ST #305
NORTH MIAMI BEACH FL 33160

3909 NE 163RD ST #305
NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

2. Principal Place of Business

21 3467 NE 163 ST

2a. Mailing Address

26 3467 NE 163 ST

4. FEI Number

65-0586617

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

23 N. Miami Beach FL

27 City & State

28 N. Miami Beach FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

24 33160

25 USA

29 Zip

30 Country

29 33160

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, MARC
3909 NE 163RD ST #305
NORTH MIAMI BEACH FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3467 NE 163 ST

84

84 City N. Miami Beach

FL

85 Zip Code 33160

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

Signature and typed or printed name of registered agent (attach separate sheet)

Write Registered Agent signature on separate sheet (attach)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ZIMMERMAN, MARC
STREET ADDRESS 290-174TH ST APT 814
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ZIMMERMAN, VICTORIA
STREET ADDRESS 347-B IVES DAIRY RD
CITY-ST-ZIP MIAMI FL 33179

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BERGER, PHILIP
STREET ADDRESS 9700 NW 82 ST
CITY-ST-ZIP TAMARAC FL 33321

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)