

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

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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90025 007 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000054188**

1. Corporation Name  
**Q-TELEX, INC.**

Principal Place of Business 9500 S DADELAND BLVD SUITE 705 MIAMI FL 33156 US	Mailing Address 9500 S DADELAND BLVD SUITE 705 MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/10/1995</b>	4. FEI Number <b>65-0593756</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**GARCIA, AMADO**  
~~9500 S. DADELAND BLVD~~  
~~SUITE 706~~  
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name <b>GARCIA, AMADO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9500 S. DADELAND BLVD.</b>
83 <b>SUITE # 705</b>
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33156</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, AMADO	
STREET ADDRESS	<del>9500 S. DADELAND BOULEVARD, SUITE 706</del>	
CITY-ST-ZIP	<del>MIAMI FL 33156</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, MARTHA	
STREET ADDRESS	<del>9500 S. DADELAND BOULEVARD, SUITE 706</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROJAS, MARIA A	
STREET ADDRESS	9500 S DADELAND BLVD SUITE 705	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROJAS, ESTEBAN R	
STREET ADDRESS	9500 DADELAND BLVD SUITE 705	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARCIA AMADO
1.3 STREET ADDRESS	9500 S. DADELAND BLVD.
1.4 CITY-ST-ZIP	MIAMI. FL 33156
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARCIA MARTHA
2.3 STREET ADDRESS	9500 S. DADELAND BOULEVARD, SUITE 705
2.4 CITY-ST-ZIP	MIAMI. FL. 33156
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 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 all other like empowered.

SIGNATURE: *Katherine Harris* DATE: 1/18/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)