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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054258 (5)

PHONELAND, INC.

Principal Place of Business Mailing Address 223 E. FLAGLER ST. 223 E. FLAGLER ST. MIAMI FL 33131 MIAMI FL 33131-1325 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1995 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0598141 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. Z_{1D} Ζip Yes 🔲 No 25 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SWISSA, SHIMON 223 E. FLAGLER ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 Zip Code 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 agent 1 am fam liar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pentromaine of orgaleted agent and title. Lappicable DATE (NOTE: Registered Agent signature required when remstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSTD Addition DELETE Change TITLE 11 TITLE SWISSA, SHIMON NAME 1.2 NAME 223 E. FLAGLER ST. 13 STREET ADDRESS STREET ADDRESS MIAM! FL 33131 14 CITY-ST-ZIP CHY-SI 72 VST DELETE Change ___ Addition THE 21 TITLE SWISSA, BRIGETTE NAME 2.2 NAME 223 E FLAGLER ST 23 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ Addition DELETE Change THILE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Title 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE 5 1 TITLE Change Addition TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST - 20

SIGNATURE:

appears in Block 12 or Block 13

TITLE

NAME

STREET ADDRESS

CHY-ST-ZiP

DELETE

6.1 TITLE

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 ham 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 or Block 14 or Block

FILED

Feb 04 1997 8:00am

Secretary of State

Addition

Change