FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 A Fee Required Agent \$8.75 A Fee Requi	DOCUMENT # P95000056617 I. Entity Name TELECEL USA, INC.				Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90413 030 ***150.00	
Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0633606 S8.75 A Zip Country Zip Country 5. Certificate of Status Desired S8.75 A Fee Requirement and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, JEFFREY R 297 SUNNY ISLES BLVD. NO MAMI BEACH FL 33160 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Genuture, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent sources required when removaling) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1702T W DIVIE HWY, STE 101 N MAMI BCH FL 33160 CITY-ST-2P HASSON, HENRI TYDZT W DIVIE HWY, STE 101 N MAMI BCH FL 33160 CITY-ST-2P CHange MAME CITY-ST-2P CHANGAS CITY-ST-2P CITY ST-2P CHANGAS CITY-ST-2P CITY ST-2P CIT	717 E. OAKL BUITE 201 T LAUDERDA IS	LAND PARK BLVD. ALE 33 33306	2717 E. OAKLAND PARK BLVD SUITE 201 FT LAUDERDALE 33 33306 US		80040141 80040141	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. 1. (NOTE: Registered Agent signature required when reinstating) Part	·				ss (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is selligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) DEFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME SIREET ADDRESS CITY-ST-ZIP HASSON, ISAAC SIREET ADDRESS CITY-ST-ZIP TITLE NAME Change						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filips does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	IY-ST-ZIP			NAME	☐ Change ☐ Ad	ddition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

954-565-1002

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