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

CORPORATION ANNUAL REPORT



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

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DOCUM	ENT # P95	000063224	(6)				
DOCUMENT # P9500063224 (6) INFORMACION VIA SATELITE - INFOSAT INC.					I (CONCAN HE CANDI BUHA DONI BAKI	46 19 41 14 6 116 1116 1146 114	1)2 ((0)1 0:0(180)
Principal Place of Business Mailing Address							
Principal Place of Business Mailing Address 7951 S.W. 6TH STREET 7951 S.W. 6TH STR SUITE 104 SUITE 104 PLANTATION FL 33324 PLANTATION FL 333		TOCCT					
				Date Incorporated or Qualified 3a. Date of Last Report			
					08/14/1995	Dan Dans of Elser	ioport
¬		⊢ ¬	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.		·	Suite, Apt. #, etc.		65-065202	Not Applicable 88.75 Additional	
22		27	F		5. Certificate of Status Desired	1 1	Additional Required
<u> </u>		City & State	y & State		6. Election Campaign Financing	FT \$5.0	00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution	Aode	ed to Fees
24	25	29	30		8. This corporation has liability for in Florida Statutes		199.032,
9	, Name and Address of C	urrent Registered Agent			10. Name and Address of New R	egistered Agent	
04140 00	4141 5		81	Name			
SALAS, RO 7951 S.W.6			82	Street Addres	s (P.O. Box Number is Not Acceptable	le)	
SUITE 104	III SIMEEI		83				
PLANTATIO	N FI 33324						
	11 7 2 00021		84	City		FL 85 Z	ip Code
11. Pursuant to the	e provisions of Sections 607.	.0502 and 607.1508, Florida S	tatutes, the above na	amed corporati	on submits this statement for the purp		registered office
		Florida. Such change was au Section 607.0505, Florida Sta		ration's board	of directors. I hereby accept the appo	intrnent as registered	d agent. I am
SIGNATURE:							
	dure, typed or printed name of registered		(NOTE: Registered Agent	signature required w		DATE	
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
NAME			1. 1 717LE 1.2 NAME	DP	NAID SALAS	☐ Change	Addition
STREET ADDRESS			1.3 STREET A	میت ا	11 SW 624 ST #104		
CITY-ST-ZIP			14 CITY-ST-		NATION FL 33324	i	
TITLE		☐ DELETE	2 1 TITLE	1) V		[] Change	Addition
NAME			2.2 NAME	To	= A. FERPE		
STREET ADDRESS			23 STREET A	DDRESS 17:	51 Sw 634 G # 109		
CITY - ST - ZIP	·		24 CHTY-ST-	ZIP PLAN	UTATION FC 33324		
TIFLE		☐ DELETE	3 1 TITLE			☐ Change	Addition
NAME			3.2 NAME	-			
STREET ADDRESS			33 STREET A				
CITY - ST - ZIP		DELETE	3.4 CHTY+ST-	- 214		Channa Channa	□ Addition
4AME			4.2 NAME]		☐ Change	Addition
STREET ADDRESS			4.3 STREET A	DDRESS			
DITY-ST-ZIP			4 4 CITY - ST-				
TITLE		DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREET AS	DDRESS			
CITY-ST-ZIP		T DELETE	5.4 CHY-ST-	ZIP			
IAME		L'I perett	6 1 TITLE			☐ Change	☐ Additron
THEET ADDRESS			6.3 STREET AE	nnece			
OTY-ST-7/P			6.3 STREET AL				
4. I do hereby cert	tify that the information suppl	lied with this filing is voluntarily	furnished and does a	not qualify for the	he exemption stated in Section 119.0	7(3;(k), Florida Statuti	es, I further
					and that my signature shall have the signature shall have the signature shall have the signature as required by Chapter 607, Flor		

SIGNATURE: __

ROUNTE SHEAS 4/19/96 (954) 123-2401