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PROFIT CORPORATION ANNUAL REPORT

· 1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079954 (0)

WESTON VOICE MAIL, INC. Principal Place of Business Mailing Address 13272 S.W. 119TH TERRACE PO BOX 165915 MIAMI FL 33186 MIAMI FL 33118-5915 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1995 04/23/1996 2. Principal Place of Business 21 15480 SW 150ST 4. FEI Number 2a. Mailing Address Applied For 65-0632922 Not Applicable 26 Suite, Aprt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Mami Trust Fund Contribution Added to Fees 28 Country USA Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROWE, DEBBIE 13272 S.W. 119TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33188** 83 84 City 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior printert name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE 1.1 TITLE President Change ___ Addition THE LEIGHTON A. WESTON WESTON, LEIGHTON A 1.2 NAME MALIS 15272 SW 104ST #8-23 15480 SW 1508T 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL Miami , FL 33196 1.4 CITY-\$1-ZiP CHY ST-ZIP DELETE Change Addition 21 TITLE 1111.6 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Crity - ST- ZIP THLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE THE NAM: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY - ST - ZiP CITY-S1 ZiP DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-70 5.4 CITY-\$T-2IP DELETE Addition Change 61 TITLE Int. E NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP City-St-7P

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 eath, 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