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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



ILORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000082766 (3)

TELEUNION, CORP.

## **FILED** May 21 1998 8:00am Secretary of State



Principal Place of Business		Mailing Addres	S			a radribde eid iditer driet dater dater baste mille bille titter inuel betrid feit iffet				
\$665 S.W. 137TH AVE. MIAMI FL 33183			5665 S.W. 137TH AVE. MIAMI FL 33183							
		MIAMI FL 3318				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Quali				7
						10/26/1995	,,,,,,			
2. Principal P	ace of Business	2a. Mailing Add	lress			4. FEI Number			Applied For	$\dashv$
21		26				65-0617997		h	vot Applicable	 3
Suite, Apt. #, etc.			Suite, Apt. #, etc.			SR 75 Additional				٦
22		27				5. Certificate of Status Desire	a L		Required	
City & State	0	City & State				6. Election Campaign Financi	ng	\$5.0	D May Be	٦
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Country Zip		Country		8. This corporation owes or h	as paid the cur			
24	25	<del></del>		<u> </u>		Personal Property Tax due				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of Ne	w Registered	Agent		4
CU	artas, alvaro			81	Name					
566	5 <b>S.W.</b> 137TH AVE.				Street Ad	ddress (P.O. Box Number is Not Acc	eptable)			7
MIA	MI FL 33183									┛
				83						
				84	City			85 Zip	Code	$\dashv$
	_				<i>D</i> <b>y</b>		FL	,	, 5000	
11. Pursuant i	to the provisions of Sections 607.05	502 and 607 1508, Flor	ida Statutes, ti	ne above	-named c	orporation submits this statement for	the purpose of	changing	its registered	٦
agent. I a	m <b>fami</b> liar with, and accept the obli	igations of, Section 607	0505, Florida	Statutes	гине согра 8.	ration's board of directors. I hereby	accept the app	Oliminent a	s registered	ł
SIGNATURE										
	Signature, typed or prieted name of registered a				nt signature re	quired when reinstating)	DATE			<b>⊣</b> ƙ
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AND	·		-18
TITLE	OPT ALVADO	L.J b		1.1 TITLE				L Change	Addition	2
NAME	CUARTAS, ALVARO			1.2 NAME						3
STREET ADDRESS	5665 S.W. 137TH AVE.			1.3 STREET						ļ
CITY-ST-ZIP	MIAMI FL 33183			1.4 CITY - S	T - ZIP			TT Change	Addison	٦À
TITLE	DVS	L_1 t		2.1 TITLE	Ì			□ Change	Addition	`
NAME	FERRO, EDUARDO			2.2 NAME						
STREET ADDRESS	<b>566</b> 5 S.W. 137TH AVE.			2.3 STREET						
CITY-ST-ZIP	MIAMI FL 33183	··· - ··· ···		2 4 CITY - 9	ST - ZIP			Change	Addition	4
TITLE		μи		3.1 TITLE				Change	Addition	
NAME OTREET ADDRESS				32 NAME	LODDESS					
STREET ADDRESS				33 STREET						
CITY-ST-ZIP TITLE				3 4. CITY - 9 4 1 TITLE	51 - ZIP			Change	☐ Addition	$\dashv$
NAME				4 2 NAME				L DIMINGE	L Addition	
·					1000000					
STREET ADDRESS				4.3 STREET	· · ·					
CITY-ST-ZIP				4.4 CITY - S	1 - ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition	-
TITLE				5.1 THTLE				change	☐ Addition	
NAME CTREET ADDRESS				5.2 NAME	*DODI CC					
STREET ADDRESS				5 3 STREET						
CITY-ST-ZIP		П		5.4 CITY - S	1 · ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	4
TITLE		Lυ		6.1 TITLE				criange	AUUIIION	
NAME PERFET ADDRESS				6.2 NAME	LDobcee					
STREET ADDRESS				6.3 STREET						
CITY-ST-ZIP				6.4 CITY - S	T-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, error an attachment with an address.

305-3873880