

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90001 037 \*\*\*150.00

DOCUMENT # P95000086007

1. Corporation Name

TELDAT CORP.

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE  
SUITE 2810  
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/7/95

4. FEI Number

65-0636848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

same as above

2a. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Carlos J. Reyes, Esq.  
c/o Montero, Finizio, Velasquez,  
Wessing & Reyes  
200 S.E. 9th Street  
Fort Lauderdale, FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | President                      | <input type="checkbox"/> DELETE |
| NAME           | Antonio G. Marcos              |                                 |
| STREET ADDRESS | Parque Tech Do Madrid          |                                 |
| CITY-ST-ZIP    | 28760 Tres Cantos, Spain       |                                 |
| TITLE          | Officer                        | <input type="checkbox"/> DELETE |
| NAME           | Francisco Gill                 |                                 |
| STREET ADDRESS | Parque Tech DO Madrid          |                                 |
| CITY-ST-ZIP    | 28760 Tres Cantos, Spain       |                                 |
| TITLE          | Secretary                      | <input type="checkbox"/> DELETE |
| NAME           | Mario Ueno                     |                                 |
| STREET ADDRESS | 1001 Brickell Bay Drive, #1220 |                                 |
| CITY-ST-ZIP    | Miami, FL 33131                |                                 |
| TITLE          | Officer                        | <input type="checkbox"/> DELETE |
| NAME           | Alberto Sanchez                |                                 |
| STREET ADDRESS | 4901 N.W. 17th Way, #501       |                                 |
| CITY-ST-ZIP    | Fort Lauderdale, FL 33309      |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Francisco Gil                                                                |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS | #2810                                                                        |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)