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

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000086831 (1)

FILED Apr 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/12/1996

3. Date Incorporated or Qualified

11/13/1995

65-0620445

4. FEI Number

CASTEL COMMUNICATIONS, INC		
rincipal Place of Business	Mailing Address	
400 DAVIE ROAD AVIE FL 33314	5400 DAVIE ROAD DAVIE FL 33314-6004	

22 Suite, Apr	#, etc.	27 Suite, Apr.	27			5. Certificate of Status Desired		. (5) Additiona ee Required	al I
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	A	dded to Fees	
Zip	Country	Zip	·	Country		8. This corporation has liability for intangible tax under s. 199.032.			
24	25 29 30			Florida Statutes Yes No					
<u> </u>	9. Name and Address of Curre	nt Registered Ager	ıt		Name	10. Name and Address of New R	egistered Agent		
	DAK, SHRAGA			81	Name				
5400 DAVIE RD.			82 Street Address (P.O. Box Number is Not Acceptable)						
DA	VIE FL 33314								
{				63					
				84	City		 85	Zip Code	
					·			•	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, FR	orida Statutes, th	ne above	-named corp	poration submits this statement for the ion's board of directors. I hereby acceptance	purpose of chang	ing its registe	red
agent. L	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida, Such cr gations of, Section 6	nange was autho 07.0505, Florida	Statutes	tne corporat	ion's board of directors. I hereby acce	apt the appointme	mit as registeri	aa
SIGNATURE	·								Î
- Grant Cont	Signature typed or printed name of registined ag		(NOTE: Reg	istered Age	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D	L	DELETE	1.1 TITLE	l		☐) Ch	iange 🔲 Ado	tition
NAME	ZEDAK, SHRAGA			1.2 NAME					
STREET ADDRESS	5400 DAVIE ROAD			1.3 STREET	ADDRESS				
CITY ST ZIP	DAVIE FL 33314			1.4 CiTY - S	T-ZIP				
1-11.5	D		DELETE	21 TITLE			☐ Cr	iange 🔲 Adi	dition
NAME	SHALOM, YAEL			2.2 NAME					
STREET ADDRESS	5400 DAVIE ROAD			2.3 STREET	ADDRESS				
CITY - S1 - ZIP	DAVIE FL 33314			2.4 CITY-5	ST-ZIP				
TILLE	P		DELETE	3.1 TITLE		7.11	☐ Cr	ange Ade	dition
NAMÉ	CIEDI, OSVALDO			3.2 NAME					
STREET ADDRESS	5400 DAVIE ROAD			3.3 STREET	ADDRESS				ľ
CITY - ST- ZIP	DAVIE FL 33314			3.4. CITY - 5	ST-ZIP				
TITLE			DELETE	4.1 TITLE			☐ Cr	nange 🔲 Adi	dition
NAME			-	4 2 NAME					!
STREET ADDRESS			1	4.3 STREET	ADDRESS				
CHY-ST-ZIP				4.4 CITY - S	T-ZIP				
TITLE			DELETE	5.1 TITLE			☐ Cr	nange 🔲 Adi	dition
NAME				5.2 NAME	1				- (
STREET ADDRESS				5.3 STREET	ADDRESS				
City-St-ZiP			1	5.4 CITY-S	1- ZIP				
TILLE			DELETE	6.1 TITLE			☐ CI	ange [] Add	dition
NAME				6.2 NAME					
STREET ADDRESS	1		ł	63 STREET	ADDRESS				
CITY ST-ZIP				6.4 CITY-S	T- ZIP				ļ
	bby certify that the information suppli	ed with this filing do				d in Section 119.07(3\(i). Florida Statut	les. I further certif	v that the	

Too hereby certify that the information supplied with this iming does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner 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.

SIGNATURE: