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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500086831 (1)

CASTEL COMMUNICATIONS, INC.

FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
•								
5400 DAVIE ROAD DAVIE FL 33314		5400 DAVIE ROAD DAVIE FL 33314	5400 DAVIE ROAD DAVIE FL 33314			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/13/1995		
2. Principal	2a. Mailing Address	Mailing Address			4. FEI Number	Applied For		
21		26	26			65-0620445	Not Applicable	
Suite, Ap	t #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				.75 Additional	
22		27				G. Continuate of citation bearings	ee Required	
City & State		City & State	City & State				5.00 May Be	
23		28					dded to Fees	
Zip	Country	Zip		Jnlry		8. This corporation owes or has paid the current y	— •	
24	25	[29]	30			Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name			
ZEDAK, SHRAGA				"	Name			
	400 DAVIE RD.		82 Street Ad		Street Add	fress (P.O. Box Number is Not Acceptable)		
D	AVIE FL 33314							
				83				
				84	City	Ben 85	Zip Code	
				1 1		┡┖╵		
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 Fiorida. 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, typod or printed name of registured agent and little if applicable (NOTE, Registered Agent signature required when renstating) DATE								
12.		AND DIRECTORS	13.	a ngo	rk agracore requ	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	D	D DELETE 1.1		NLE	1		hange Addition	
NAME	TENAM OURSE		1.2 N		1			
STREET ADDRESS	PAGE DAME DOAD				ADDRESS			
CITY-ST-ZIP	D 11/5 FL 000/4		ITY-S					
TITLE	D DELETE 2.15			1-211		hange Add/tion		
NAME	ALL OLD VARI		2.2 N				· —	
STREET ADDRESS	PAGE DATAT DOLD			2.3 STREET ADDRESS				
1	DAME EL GOOM							
CITY-ST-ZIP TITLE				CITY - S ITLE	01-211	[] C	hange Addition	
NAME				AME			J	
STREET ADDRESS	FACO DAIRE BOAD				ADDRESS			
	DAVIE FL 33314							
CITY-ST-ZIP	DELETE 4.1"			CITY - S	DI-ZIF	□ C	hange Addition	
NAME		المرابع المناب		NAME			J	
	,				ADDRESS		1	
STREET ADDRESS	?				Į.			
CITY-ST-ZIP TITLE	-	☐ DELFTE	5.1 T	ITY-S	1-2Ir		hange Addition	
				1				
NAME Profes appear			5.2 N		ADDRESS			
STREET ADDRESS	8				ADDRESS			
CITY-ST-ZIP				ITY-S	1-211	c	hange Addition	
TITLE		i vecete	617			_ ·	mango [] rido(tibi)	
NAME			6.2 N		4Dobces			
STREET ADDRESS	s				ADDRESS			
CITY-ST-ZIP	and the shot the information as well as	d with this filling does not avails.		(TY-S		n Section 119.07(3)(i), Florida Statutes. Hurther certify the	nat the information	
14. Inereby	y ceruiy that the information supplies	a with this hing does not qualify.	ior trie ex	amb	oon siated II	n aconom majorgają, mondaj atatutės, mondė Certily tr	ici nie mioritiation	

4. 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 logal effoct 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.

5. Tooleur

3/30/98 (954)321-9955