

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90002 027 ***550.00

DOCUMENT # **P96000000374**

Corporation Name

TNI, TELNEWS INTERNATIONAL INC.

* 5 8 6 7 9 9 - 9 0 0 0 2 - 2 7 9 *



Principal Place of Business

**5410 ALHAMBRA CIRCLE
CORAL GABLES FL 33146**

Mailing Address

**5410 ALHAMBRA CIRCLE
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0659175

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. ☐ Yes ☐ No

Principal Place of Business

7800 Red Road

2a. Mailing Address

7800 Red Road

Suite, Apt. #, etc.

Suite PH-325

Suite, Apt. #, etc.

Suite PH-325

City & State

South Miami, FL

City & State

South Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAMENT, SIMONE
5410 ALHAMBRA CIRCLE
CORAL GABLES FL 33146**

81 Name

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

83

84 City

FL

85 Zip Code

I, 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

7/3/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. LE ☐ DELETE

ME **P**
DIAMENT, SIMONE
REET ADDRESS **5410 ALHAMBRA CIRCLE**
Y-ST-ZIP **CORAL GABLES FL 33146**

2. LE ☐ DELETE

ME **T**
DIAMENT, MARIO
REET ADDRESS **5410 ALHAMBRA CIR**
Y-ST-ZIP **CORAL GABLES FL**

3. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

4. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

5. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

6. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

7. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/99

CR2E034 (5/99)