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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600001959 (1)

FIRSTEL CORP.

FILED Apr 08 1997 8:00am Secretary of State



Presipal Plac	of Quality a	Mailing Address			TIII ETALIIKK IKKA IKAL ELIK ILII IKA
Principal Place of Business Mailing Address 1511 SOUTHEAST 29 TERRACE 1511 SOUTHEAST 29 TERRACE					
CAPE CORAL	FL 33904	CAPE CORAL FL 33904-395			
				3. Date Incorporated or Qualified	3a. Date of Last Report
A Dringia of C	lace of Business	2n Mailing Address		01/08/1996 4. FEI Number	
	lace of Business	2a. Mailing Address	150843	65-0633062	Applied For
Suite, Apt	# etc	26 1.0. DOX Suite, Apt. #, etc.	130013	05-0633000	CR 75 Additional
2	7, 0.0	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	, —	6. Election Campaign Financing	\$5,00 May Be
23		28 CAPC WORK	ol Fla	Trust Fund Contribution	Added to Fees
- Zφ ~~	Country	Z ip	Country	8. This corporation has liability for in	
4	25 9. Name and Address of Currer		[30] U.S.H.	Florida Statutes 10. Name and Address of New Reg	Yes No
TUE	LAW FIRM OF LAWRENCE J SE		81 Name	10. Name and Address of New Neg	Istelan Walli
	ALMERIA AVENUE	TEGEL CHILD			***************************************
	RAL GABLES FL 33134		82 Street Add	dress (P.O. Box Number is Not Acceptable	е)
- 00r	TAL GABLES I E 33134		83		
_					
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	J2 and 607 1508, Florida Statute	es, the above-named cor	rporation submits this statement for the pu	rpose of changing its registered
office or arient. La	registered agent, or both, in the State	of Florida. Such change was a strong of Section 607,0505. Fire	authorized by the corpora orida Statutes	rporation submits this statement for the pu alion's board of directors, I hereby accept	the appointment as registered
	The state of the s		THOU CILITORO		
SIGNATURE	Sugrania, hyportox printed name of registioned ag-	ert and title if applicable (NOTE	: Registered Agent signature requ		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESPINO, MERCEDES	\r	12 NAME		
STHEET AUDRESS	1511 SOUTHEAST 29 TERRAC	Æ	1.3 STREET ADDRESS		
CITY-S1-7P	CAPE CORAL FL 33904	Delete	1.4 CITY-ST-ZIP		Character Landston
THEF		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CHY-ST-ZIP TIME		DELETE	2 4 CHTY-ST-ZiP 31 TITLE		Change Addition
NAME		beter	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7/P			3.4. CITY-ST-ZIP		
THE		DELETE	4.1 T(TLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CiTY-ST-ZiP		
111LF		DELETE	51 TITLE		Change Addition
NAM!			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	1			nd in Contine 110 07/21(i) Florida Statutos	

4. I do 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:

GINTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/97

941-945-725

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