## 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

## DOCUMENT # P96000006828

1. Corporation Name

TELDAR TELECOMMUNICATIONS SOLUTIONS, INC.

## **FILED** Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90025 031 \*\*\*150.00



	•						
Principal Place	e of Business	Mailing Address			1 (88)(88) 316 16138 BUN 08111 68111 68111	MBill Mblid Mil#: im:	
7321 TAYLOR STREET		7321 TAYLOR STREET HOLLYWOOD FL 33024			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
	•				01/23/1996		
2. Principal Pl	lace of Business	2a. Mailing Address	<del>-</del>	-	4. FEI Number	A	pplied For
21	State of the state	26		<u> </u>	65-0642792		lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22		27			5. Certificate of otatus besiled	Fee R	Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution		to Fees
Zip	Country	<b>—</b> — — —	Country		8. This corporation owes the current year		□No
24	25 29 30				Personal Property Tax.  10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registi	ered Agent	
· NIEV	EC EDANK		6'	Name			
NIEVES, FRANK 7321 TAYLOR STREET			<b>82</b> S		ress (P.O. Box Number is Not Acceptable)		
	LYWOOD FL 33024		83				
i t	LIWOOD   L 33024		63				
			84	City		FL 85 Zip	Code
41 Durguant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes t	he above	-named com	oration submits this statement for the DUIDO	se of changing it	s registered
office or r	enistered agent, or both, in the State (	of Florida. Such change was autho	rized by	the corporation	on's board of directors. I hereby accept the	appointment as r	egistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes	•	•		
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: Reci	istared Apen	t signature require	d when reinstating) DA	TE	<del></del>
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
   NAME	NIEVES, FRANK		1.2 NAME			,	
STREET ADDRESS	7321 TAYLOR STREET		1.3 STREET	ADDRESS		'	1
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	BENITO, CARLOS	ITO, CARLOS					
STREET ADDRESS	7321_TAYLOR_STREET		2.3 STREET	ADDRESS	The Committee of Committee of the Commit		ray in the second
CITY-ST-ZIP	HOLLYWOOD FL 33024		2. 4 CITY-S	it-ZIP	<u></u>		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	. •	]	3.2 NAME		÷		į.
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP	·		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE		_	☐ Change	Addition
NAME	. ∵		4.2 NAME	Ì			ļ
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE	. [		☐ Change	Addition Addition
NAME			5.2 NAME				
STREET ADDRESS	·	Ì	5.3 STREET	TADDRESS			Į
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·		
TITLE ."		☐ DELETE	6.1 TITLE			Change	Addition
NAME !		,	6.2 NAME				
STREET ADDRESS		ļ	6.3 STREET				}
	l		0.4 OFFI C	I			

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:

<del>VATURE R</del>EQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #