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

P96000012948

PROFIT CORPORATION ANNUAL REPORT

1999

ALLIANCE TELECOM SERVICES, INC.

DOCUMENT #

1. Corporation Name

CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 05, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-05-1999 90018 034 ***150.00

Principal Place of Business Mailing Address						((\$4(15)) ;10 (\$1(4 \$1)) \$5(1) \$5(1) \$5(1) \$5(1) \$5(1) \$100 ;1010 \$1010
1101 BRICKELL MIAMI FL 3313 US	. Ave., Suite 1101 1	1101 BRICKELL AVE SUITE 1101 MIAMI FL 33131 US				DO NOT WRITE IN THIS SPACE
03	•	00	00			3. Date Incorporated or Qualifed
						02/07/1996
2 Principal P	lace of Business	2a. Mailing Addre	SS			4. FEI Number Applied For
21		26	26			65-0640767 Not Applicable
Suite. Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	27			5. Certificate of Status Desired .Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23	,	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cı	ountry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
	,			81	Name	
VIZCARRA, HUGO			82 Street A		Street Ac	ddress (P.O. Box Number is Not Acceptable)
9212 SW 78 PL.				"	Olicotino	adioso (i .o. box rializar la
MIAMI FL 33156				83		
				84	Cit	85 Zip Code
				84	City	FL 18 Ep cos
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	ant Florida. Such chand	e was autnoriz	ea ov	tne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				rad Asan	t elonature reni	uired when reinstating) DATE
12.		ND DIRECTORS	(101E. 10gisla		i signato o roqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	☐ DE		TITLE		☐ Change ☐ Addition
NAME	VIZCARRA, HUGO		1.2	NAME		
STREET ADDRESS	VIZOARIA, TIOGO			STREET	ADDRESS	
	SS 9212 5W 76 PC. MIAMI FL 33156			CITY-S		
CITY-ST-ZIP	DVS	□ DE		TITLE		☐ Change ☐ Addition
NAME	GUERRA, DAVID		2.2	NAME	1	
STREET ADDRESS	6135 SW 129 PL., #1907				ADDRESS	
CITY-ST-ZIP	=MIAMI:FL=33183==========				T-ZIP	
TITLE	IMINIMI 1 L 00 100	□ DE		TITLE		☐ Change ☐ Addition
NAME		_	3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	
3 - 1 TEL 1			a			ı

6.4 CITY-ST-ZIP City-st-zip 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

□ DELETE

SIGNATURE:

3055779494

☐ Change

Change

☐ Change

☐ Addition

Addition

☐ Addition