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 # P96000016310 (0)

PRE-TEL, INC.

FILED Jun 11 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								1 184184 114 1848 8141 8141 8141 814					
1080 N.W. 183RD DRIVE 1080 N.W. 163RD DRIV MIAMI FL 33189 MIAMI FL 33189-5818													
								3. Date Incorporated or Qualified 02/22/1996	3a. Da	ate of L	ast Re	pport	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-05/3/45				olied For	_
21				[26]									2
Suite, Apl. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required					
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Zip Country			Zip Cou				8. This corporation has liability for intangible tax under s. 199.032,					
24	25			29 30				Florida Statutes Yes [] No 10. Name and Address of New Registered Agent					
		and Address of Cu	urrent Regist	ered Agent		81	- None	10. Name and Address of New Re	gistered	Agent			
	LAR, DAVI					61	Name						
1350 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154						82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					1
•					Ī	83							
						84			FL	85	Zip C		
office or re	egistered ag	ions of Sections 607 jent, or both, in the t th, and accept the c	State of Florid	a. Such change was	s authorized	lbν	the corporati	oration submits this statement for the p ion's board of directors. I hereby acce	ourpose of pt the app	chang ointme	ing its nt as r	registered egistered]
SIGNATURE	Signature typed	or printed name of registeri	ed agent and title it	applicable. (No	OTE: Registered	Agei	ni signature require	ed when renstating)	DATE	. — ———			
12.		OFFICERS	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS	S IN 12	آنِ يَوَ
TITLE	PD			DELETE	1.1 111	LE				Cha	ınge	Addition	رَ ا
NAME	CADI, JO				1.2 NA	ME							5
STREET ADDRESS		V. 112TH PLACE			1.3 STF	REET.	ADDRESS						Č
CITY-ST-ZIP	MAMI FL	. 33176			1.4 CIT	Y-51	T - ZIP						_ ç
TITLE	DC			DELETE 2.		2.1 TITLE				Cha	ınge	Addition	۲
NAME	BAKULA, GUILLERMO			221			IAME						
STREET ADDRESS		V. 163RD DRIVE			2.3 STF	ŧ€†	ADDRESS						
CITY-ST-ZIP	MAMI FL	. 33169					31 - ZIP					1 2 300	_
TITLE				☐ DEFEIE	3.1 TiT)					L Cha	inge	☐ Addition	1
NAME OTREET ARRESSO					3.2 NAM								
STREET ADDRESS					- 8		ADDRESS						1
CITY-ST-ZIP TITLE				DELETE	3.4. CIT 4.1 IVI		11-ZIP			Cha		Addition	-
NAME					4. 2 NA		1			J. (110	go	AUUIIUII	'
STREET ADDRESS							*0000000						
CITY-ST-ZIP							ADDRESS						
TITLE				DELETE	4.4 C(T) 5.1 T(1)	_	1 - 711		-	Cha	nne	Addition	\exists
NAME					5.1 VIII		ļ			VIII.	··yv	Addition	
STREET ADDRESS							ADDRESS						
City-ST-ZIP					5.4 CH								
TITLE	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 THL					Cha	inge	Addition	7
NAME					6.2 NAN						•		
STREET ADORESS	Ŋ.,						ADDRESS						
CITY-ST-ZIP					6.4 CITY								

14. 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 trusted 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 an attachment with an address.