

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

APPROVED
AND
FILED

98 APR -6 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROOF OF FILING
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~99600002044~~ P96000018934

1. Corporation Name

MEGATEL INTERNATIONAL, INC.

Principal Place of Business:

Mailing Address:

8290 LAKE DRIVE # 532
Miami, Fl. 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		FEBRUARY 29/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65 0648335	
City & State		City & State		5. Certificate of Status Desired	
23		28		☐ \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
29		30		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HUGO CARTAGENA
8290 Lake Drive # 532
Miami, Fl. 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Permitted)

83

84 City

FL

85

Zip Code

11. 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

Hugo Cartagena

(NOTE: Registered Agent's signature required when reinstating)

03/10/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME HUGO CARTAGENA
STREET ADDRESS 8290 Lake Drive # 532
CITY-ST-ZIP Miami, Fl. 33166

TITLE S/T
NAME TATIANA RESTREPO
STREET ADDRESS 8290 Lake Drive # 532
CITY-ST-ZIP Miami, Fl. 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

REINSTATEMENT

97-98

4/10/98

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/98

Date

CR2E034 (10/97)