


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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90120 045 \*\*\*150.00

0307287

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000029933

1. Corporation Name  
VSATEL, INC.



Principal Place of Business 7951 S.W. 6TH STREET SUITE #104 PLANTATION FL 33324	Mailing Address 15970 W ST RD 84 SUITE 145 SUNRISE FL 33326 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15970 W ST RD 84 Suite, Apt. #, etc. 22 Suite 145 City & State 23 SUNRISE FLORIDA Zip Country 24 33326 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
--	--

3. Date Incorporated or Qualified 04/01/1996	4. FEI Number 65-0727141	Applied For No Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SALAS, RONALD 7951 S.W. 6TH STREET SUITE #104 PLANTATION FL 33324
---

10. Name and Address of New Registered Agent 81 Name RAFAEL LANDA 82 Street Address (P.O. Box Number is Not Acceptable) 15970 W STATE RD 84 83 SUITE # 145 84 City SUNRISE FL 85 Zip Code 33326
--

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: *Rafael Landa* RAFAEL LANDA - PRESIDENT 3/17/99  
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	LANDA, RAFAEL
STREET ADDRESS	914 STANTON DR
CITY-ST-ZIP	WESTON FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	FERRE, JOSE A
STREET ADDRESS	15970 W ST RD 84 SUITE 145
CITY-ST-ZIP	SUNRISE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANDA, RAFAEL
1.3 STREET ADDRESS	15970 WEST STATE ROAD 84 - SUITE 145
1.4 CITY-ST-ZIP	SUNRISE, FL 33326
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 indicates 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: *Rafael Landa* RAFAEL LANDA - PRESIDENT 3/17/99 (954) 423-2401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)