


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

FILED

Feb 12 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P96000035963 (3)**

1. Corporation Name

SOUTHERN TELECOM DISTRIBUTION, INC.



| | |
|--|---|
| Principal Place of Business 13550 N. KENDALL DR., STE. 270C MIAMI FL 33183 | Mailing Address 13550 N. KENDALL DR., STE. 270C MIAMI FL 33186-1568 |
|--|---|

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 04/25/1996 | 3a. Date of Last Report |
|--|-------------------------|

| | |
|---|--|
| 2. Principal Place of Business 21 8304 MILLS DRIVE Suite, Apt. #, etc. | 2a. Mailing Address 26 8306 MILLS DRIVE Suite, Apt. #, etc. |
| 22 City & State 23 MIAMI, FL | 27 City & State 28 MIAMI, FL |
| 24 Zip 33186 25 Country USA | 29 Zip 33186 30 Country USA |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0661165 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent DAGNESSES, JORGE C 8306 MILLS DRIVE, SUITE 510 MIAMI FL 33186 | |
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| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name DAGNESSES, GEORGE | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 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: *George Dagnesses* (NOTE: Registered Agent signature required when reinstating) DATE: **2/6/97**

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME DAGNESSES, JORGE C | |
| STREET ADDRESS 8306 MILLS DRIVE, SUITE 510 | |
| CITY-ST-ZIP MIAMI FL 33186 | |
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *George Dagnesses* DATE: **2/6/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)