PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90022 042 ***150.00

DOCUMENT # **P96000037502**1. Corporation Name

PROTEL ENTERPRISES, INC.

		Mailing Address						33 1 110 1011 3 01111 081		I nd filish f ann t mirst	ODIIS IISI IODI
Principal Place of Business 5445 COLLINS AVE STE. 1602 #1223 MIAMI BEACH FL 33140		5445 COLLINS AVE STE. 1602 MIAMI BEACH FL 33140					DO NOT V	VRITE IN TH	IIS SPACE		
บร							3. Date Incor 05/01/1	porated or Quali 996	fed		
2. Principal Place of Business .		2a. Mailing Address 26 5445 COLLINS A			ave		4. FEI Numb			<u> </u>	plied For t Applicable
Suite, Apt. #, etc. 22 # 1223		Suite, Apt. #, etc. 27 # 1223					5. Certifcate	of Status Desire	d 🗆	\$8.75 A	
City & State	1 4-4-11 51	City & State	BEAC	H ,	,FL			ampaign Financi Contribution	ing 🗆	\$5.00 Added t	
Zip 331	40 Country S.A	^{Zip} 33140	30	ountry U ·	5.A	1	•	ration owes the Property Tax.	current year	Intangible Yes	□No
	9. Name and Address of Currer	nt Registered Agent		1			10. Name and	Address of Ne	w Registere	ed Agent	
	4.55.5.4.4.5.5.5.4.4			81	Name			•			1
5445	ATESTA, ANDRES N 5 COLLINS AVE., STE. 1602				Street A	Addres	s (P.O. Box Nu	mber is Not Acc	eptable)		
MIAN	MI BEACH FL 33140			83							Į
					City					'L '	Code
_11Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	ites the	above-	named (corpora	ation submits th	is statement for	the purpose	of changing its	registered .
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14. I hereby certify that the information supplied with this filips close not qualify for the elemption 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 advantage of the corporation of the cor

SIGNATURE:

CITY-ST-ZIP