

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90022 042 ***150.00

DOCUMENT # P96000037502

1. Corporation Name

PROTEL ENTERPRISES, INC.

Principal Place of Business

5445 COLLINS AVE., STE. 1602
#1223
MIAMI BEACH FL 33140
US

Mailing Address

5445 COLLINS AVE., STE. 1602
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

65-0703363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5445 COLLINS AVE

2a. Mailing Address

26 5445 COLLINS AVE

Suite, Apt. #, etc.

22 #1223

Suite, Apt. #, etc.

27 #1223

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

Zip

24 33140

Country

25 U.S.A

Zip

29 33140

Country

30 U.S.A

9. Name and Address of Current Registered Agent

MALATESTA, ANDRES N
5445 COLLINS AVE., STE. 1602
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MALATESTA, ANDRES N

STREET ADDRESS 5445 COLLINS AVENUE SUITE #1223

CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE V ☒ DELETE

NAME DELGADO, ANJANETTE

STREET ADDRESS 5445 COLLINS AVENUE SUITE #1223

CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME JOSE ABDON ROJAS
1.3 STREET ADDRESS 9300 WEST FLAGLER ST #226
1.4 CITY-ST-ZIP MIAMI FL 33174

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/99 (305) 866-9100

CR2E034 (1/1/98)