

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037690 (0)**

1. Corporation Name
DPM TELECOMMUNICATIONS, INC.



Principal Place of Business 2203 NORTHEAST 122TH STREET NORTH MIAMI FL 33181	Mailing Address 2203 NORTHEAST 122 STREET NORTH MIAMI FL 33181-2910
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3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1566 NE 191 ST Suite, Apt. #, etc. 22 # 222 City & State 23 NORTH MIAMI BCH FL Zip Country 24 33179 25	2a. Mailing Address 26 P.O. BOX 610428 Suite, Apt. #, etc. 27 City & State 28 NORTH MIAMI FL Zip Country 29 33261-0428 30	4. FEI Number 65-0663711 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name DONALD P. MANFREDONIA	82 Street Address (P.O. Box Number is Not Acceptable) 1566 NE 191 ST. #222	83	84 City NORTH MIAMI BCH FL FL	85 Zip Code 33179
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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 **DONALD P. MANFREDONIA (PRESIDENT)** *Donald P. Manfredonia* 1/31/97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstallation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANFREDONIA, DONALD PETER		1.2 NAME MANFREDONIA, DONALD PETER	
STREET ADDRESS 2203 NORTHEAST 127TH STREET		1.3 STREET ADDRESS 1566 NE 191 ST # 222	
CITY-ST-ZIP NORTH MIAMI FL 33181		1.4 CITY-ST-ZIP NORTH MIAMI BCH, FL 33179	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANFREDONIA, NANCY		2.2 NAME	
STREET ADDRESS 2203 NORTHEAST 127TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL 33181		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: **DONALD P. MANFREDONIA (PRESIDENT)** *Donald P. Manfredonia* 1/31/97 305)944-1535
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)