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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

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Corporation Name

IMO TELEBUONE COMPANY INC

JIVIO IEL	EPHONE COMPANY INC.								
Principal Place	of Duckness	Mailing Address				-		BRIAN NOON (BB)	
·		<u>-</u>							
8554 NW 165 ST 8554 NW 165 ST MIAMI LAKES FL 33016 MIAMI LAKES FL 3 US US		MIAMI LAKES FL 33016				DO NOT WRITE IN THIS	SPACE		
, 63	·					3. Date Incorporated or Qualifed 05/23/1996	_		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Ar	plied For	
21		26				65-0667221	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate bi Status Desired	Fee Re	equired	
City & State		City & State				6. Election Campaign Financing	* 55:00		-
		, 28	28			Trust Fund Contribution	Added	to Fees	
Zip . Country			Zip Country			8. This corporation owes the current year Intangible Personal Property Tax Yes No			
24	25		30			Personal Property Tax. 10. Name and Address of New Registered		INU	
	9. Name and Address of Curr	ent Registered Agent		B1 Na	me	10. Name and Address of New Registered	Agent		
MED	INA, MARIA E			1					
	NW 165 ST		[82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)			
1	/II LAKES FL 33016		H	83					
1,11,11,11	W 54/20 12 00010		[3					
			B4 Ci	у	FL	85 Zip	Code		
		EOD and COZ 1EOR Elorido Statut	on the sh		ned corno	vizition submits this statement for the nurnose of	changing its	registered	
) office or r	naistored agent or both in the Stat	te of Florida, Such change was a	uthorized	nv tne i	corporation	n's board of directors. I hereby accept the appoi	ntment as re	gistered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statut	es.				1	
SIGNATURE						when reinstating) DATE		Ì	
	Signature, typed or printed name of registered a	AND DIRECTORS	13.	gent sign.	Kura radoirao	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
12.	DPST	DELETE	1,1 TITL	E	· [7,5511161167677411616	Change	Addition	
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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 open attachment with an address, with all other like empowered.

SIGNATURE:

C/TY-ST-ZIP

REQUIRED