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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046441 (7)

1. Corporation Name

COMPUTEL COMMUNICATIONS, INC.

Principal Place of Business

11900 S.W. 24TH TERRACE
MIAMI FL 33175

Mailing Address

11900 S.W. 24TH TERRACE
MIAMI FL 33175-2454



2. Principal Place of Business

21 10617 HAMMOCKS BLVD.

Suite, Apt. #, etc

22 # 11-36

City & State

23 MIAMI, FL.

Zip

24 33196

Country

25 U.S.A.

2a. Mailing Address

26 10617 HAMMOCKS BLVD.

Suite, Apt. #, etc

27 # 11-36

City & State

28 MIAMI, FL.

Zip

29 33196

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0681999

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MIRANDA, JUAN C
11900 S.W. 24TH TERRACE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

MIRANDA, JUAN C.

82 Street Address (P.O. Box Number is Not Acceptable)

10617 HAMMOCKS BLVD.

83

11-36

84

MIAMI

FL

85 Zip Code

33196

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

Juan C. Miranda

04.28.97

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 P
NAME MIRANDA, JUAN C
STREET ADDRESS 11900 S.W. 24TH TERRACE
CITY-ST-ZIP MIAMI FL 33175
← CHANGE OF ADDRESS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME MIRANDA, JUAN C.

1.3 STREET ADDRESS 10617 HAMMOCKS BLVD. # 11-36

1.4 CITY-ST-ZIP MIAMI, FL. 33196

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Juan C. Miranda

04.28.97 (305) 408-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0236821

CR2E034 (9/96)