,		PLEASE REAL	O ALL INS	FRUCTIONS	S BEFORE (COMPLET	ring this ₽&R	KED	
APPLICATION FOR ST							AND FILED		(V)
DOCUMENT # P9600046660						1297 NOV 25 AN 9: 50 SECRETARY OF STATE			
1. Corpor	ration Name	IAL SATELLITE			ONS, INC		1102AHAJIAF	, r Loriba	
•	Vace of Busin CKELL AVENUE 33131		1101 BRICKE	Mailing Address 1101 BRICKELL AVENUE. SUITE 1802 MIAMI FL 33131					H
	rincipal O ffice	incorrect in any way, line Address, If Applicable		ing Office Address, If		Date Incorporated or Qualified To Do Business In Florida 06/03/1996			
City & State			City & State	City & Stato			0668208	Applied I Not Appl	
Zip Country		Zip	Counti	ry	6. CERTIFICAT	TE OF STATUS DESIRED 🔯	\$8.75 Additional Fee r for a Certificate of S	equired tatus	
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors 2 PTD CANAL, OMAR BOTERO			nd/or Director (Flo	or Director (Florida nonprofit corporations must list at loa Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			umbors) 4 City / State / Zip		
VD VILLASENOR, EZEQUIEL A				1101 BRICKELL	AVENUE, SUITE	1602	MIAMI FL 33131		
SD MARTINEZ, RICARDO			J.	1101 BRICKELL AVENUE, SUITE			MIAMI FL 33131		
ተ	CAMBO; ULISES			1101 BRICKELL AVENUE, SUITE 1602			MIAMI FL 33131		
D	BOTERO-PARAMO, OMAR SR.			1101 BRICKELL AVENUE, SUITE 1602			MIAMI FL 33131	. Q	10
4	QORREGA, FERNANDO-G			1101 BRICKELL AVENUE, SUITE 1602			MIAMI FL 33131	1569 1	ր 1
8. Name and Address of Current Registered Agent Name						9. Name and	Address of New Registers	-01103001 3 ⁴ A999 *** 173.7	<u></u>
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				Street Address (P.O. Box Number is Not Agraphable) Suite, Apt. #, Etc. Suite, Apt. #, Etc.			YENUE	And Som	
10. I, being	g appointed th	e registered agent of the a	bove named corpo	ration, am familiar w	M_{\perp}	AMI oligations of Sect	<i>4//</i> // F		7
Signature of Registered	of	Tuand	M GISTERED AG	latter ENT MUST SIGN	7		Date 11/20	/87	
		ration owes or I Personal Prope			ar Yes 🔯	No \square		side for information tangible tax.)	

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DE DE DE DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



November 20, 1997

To whom it may concern,

Enclosed, please find our Corporate Annual Return. We had originally sent this return in February 1997, however, one of your representatives told me today that it had been returned to us for corrections and we probably never received it. She told us to please resubmit with the original payment amount as well as the amount for the certificate of status.

Thanking you in advance for your cooperation.

Sincerely

International Satellite Telecommunications, Inc.

Ricardo J Martinez Chief Financial Officer