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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # P96000050983 (1)

1. Corporation Name

C. MEZA TELEMARKETING & IMMIGRATION SERVICES COR
PORATION



Principal Place of Business

Mailing Address

3600 SOUTH STATE ROAD
#10
MIAMI FL 33029

3600 SOUTH STATE ROAD
#10
MIAMI FL 33029

2. Principal Place of Business

2a. Mailing Address

21 7105 SW 8th ST

26 7105 SW 8th ST

22 Suite Apt. #, etc.
#308

27 Suite Apt. #, etc.
#308

23 City & State
MIAMI FL

28 City & State
MIAMI FL

24 Zip
33144

25 Country
DADE

29 Zip
33144

30 Country
DADE

9. Name and Address of Current Registered Agent

MEZA, CARMENZA
839 S.W. 15TH STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name MIRIAM SIFONTES
82 Street Address (P.O. Box Number is Not Acceptable)
5951 W FLAGLER ST #2
83
84 City MIAMI FL 85 Zip Code 33144

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

Miriam Sifontes

(NOTE: Registered Agent's signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

MEZA, CARMENZA

STREET ADDRESS

839 S.W. 15TH ST.

CITY - ST - ZIP

MIAMI FL 33144

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

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

MIRIAM SIFONTES

1.3 STREET ADDRESS

5951 W FLAGLER ST #2

1.4 CITY - ST - ZIP

MIAMI FL 33144

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 (305) 267-9059

CR2E034 (9/96)