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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90228 014 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052508

1. Corporation Name

COMMUNICATIONS EXCHANGE CORPORATION



Principal Place of Business

808 N.W. 133 AVENUE
SUNRISE FL 33325

Mailing Address

808 N.W. 133 AVENUE
SUNRISE FL 33325

New Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

2. Principal Place of Business

21 **9860 N.W. 3 ct**

2a. Mailing Address

26 **9860 N.W. 3 ct**

4. FEI Number

65-0682417

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

22

City & State

23 **PLANTATION FL**

Zip

Country

24 **33324** 25 **USA**

Suite, Apt. #, etc.

27

City & State

28 **PLANTATION FL**

Zip

Country

29 **33324** 30 **USA**

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DE LA PENA, CHERYL
808 N.W. 133 AVENUE
SUNRISE FL 33325

*Address
Change*

10. Name and Address of New Registered Agent

81 Name

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

9860 N.W. 3 ct.

83

84 **PLANTATION**

FL

85

33324

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 *Cheryl de la Pena president*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PT DE LA PENA, CHERYL**
STREET ADDRESS **808 N.W. 133 AVENUE**
CITY-ST-ZIP **SUNRISE FL 33325**

*Address
Change*

TITLE ☐ DELETE
NAME **VS CAGGIANO, DARLENE**
STREET ADDRESS **9860 N.W. 3 COURT**
CITY-ST-ZIP **PLANTATION FL 33324**

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 ☒ Change ☐ Addition
1.2 NAME *of Address*
1.3 STREET ADDRESS **9860 N.W. 3 ct.**
1.4 CITY-ST-ZIP **PLANTATION, FL. 33324**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl de la Pena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

954-236-3935

Daytime Phone #

CR2E034 (11/98)