FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000059842 (0)

INTELPHONE, INC.

Principal Place of Business	Mailing Address
5418 N.W. 72ND AVENUE MIAMI FL 33166	5416 N.W. 72ND AVENUE

FILED
May 04 1998 8:00am
Secretary of State



5418 N.W. 7 MIAMI FL 33	2ND AVENUE 1166	5416 N.W. 72ND AVENU MIAMI FL 33166	JE			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 07/17/1996	
2. Principal i	Place of Business	2a. Mailing Address				4. FEI Number Applied Fo	or
21		26				65-0667727 Not Applic	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	al
22		27				Fee Required	
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be	
23 7in	Country	28	T 0			Trust Fund Contribution	
Zip 24	25	Zip	Country			8. This corporation owes or has paid the current year Intangible	
24]	9. Name and Address of Curren	29 It Registered Agent	30	ı		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
RI	NH AM U, CAROLINA			81	Name	to. Jedino Bita Address of their flogistered Agent	\dashv
	116 N.W. 72ND AVENUE						
	AMI FL 33166			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
****	Will, 1 2 00 100			83			
						Management of the second of th	
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	tes, the at	pove	-named cor	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as register	red
office or agent. I a	registered agent, or both, in the State am f ami liar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Stat	d by ules	the corpora	ition's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	, ,						
	Signature, typed or printed name of registered ago			d Ager	nt signature requ	ered when reinslating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	, , ,	L DELETE	1.1 1(1			L Change Ado	lition
NAME	BENHAM, CARLOS 5416 N.W. 72ND AVENUE		1.2 NA		l		
STREET ADDRESS	MIAMI FL 33166		1.3 STREET				ļ
CITY-ST-ZIP TITLE	VPD	DELETE	1.4 CITY - ST - ZIP		- ZIP	☐ Change ☐ Ado	<u> </u>
NAME	BENHAM, CAROLINA	L OLLL	- 8	2.1 TITLE		Li Change Li Auc	won
STREET ADDRESS	\$4 16 N.W. 72ND AVENUE		2.2 NAME		Innocée		
CITY-ST-ZIP	MIAMI FL 33166		2.3 STREET AL 2. 4 City - St -				
TITLE	VPD	DELETE	3.1 118		1-214	Change Ado	ition
NAME	BENHAM, DELBERT		3.2 NA			- Vinningto Carrolland	
STREET ADDRESS	5416 N.W. 72ND AVENUE				ADDRESS .		-
CITY-ST-ZIP	l .						
TITLE	MIAMI FL 33166		3.4. CI		r- 71P		i
NAME	MIAMI FL 33166	☐ DELETE	1	TY-SI	r-ZIP	☐ Change ☐ Add	ition
	MIAMI FL 33186	☐ DELETE	3.4. CI	TY-SI L E	I-ZIP	☐ Change ☐ Add	ition
STREET ADDRESS	MIAMI FL 33166	☐ DELETE	3.4. CI 4.1 TIT 4. 2 N/	<u>ty-si</u> IL€ AME	1-ZIP	☐ Change ☐ Add	ition
CITY-ST-ZIP	MIAMI FL 33186	_	3.4. CI 4.1 TIT 4. 2 N/	TY-ST ILE AME REET A	ADORESS	☐ Change ☐ Add	ition
	MIAMI FL 33186	☐ DELETE	3.4. CI 4.1 TIT 4.2 N/ 4.3 STI	TY-SI ILE AME REET A	ADORESS	☐ Change ☐ Add	
CITY-ST-ZIP	MIAMI FL 33186	_	3.4. CI 4.1 TIT 4. 2 N/ 4.3 STI 4.4 CIT	TY-ST ILE AME REET A IY-ST ILE	ADORESS		
CITY-ST-ZIP TITLE	MIAMI FL 33188	_	3.4 CI 4.1 TIT 4.2 N/ 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	TY-ST ILE AME REET A IY-ST ILE ME	ADORESS		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33188	_	3.4 CI 4.1 TIT 4.2 N/ 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT	TY-ST LE AME REET A TY-ST LE ME REET A TY-ST	ADORESS - ZIP ADDRESS		ition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL 33188	☐ DELETE	3.4 CI 4.1 TH 4.2 N/ 4.3 STI 4.4 CIT 5.1 TH 5.2 NA 5.3 STI 5.4 CIT 6.1 TH 6.2 NA	TY-ST LE AME REET A TLE ME REET A TY-ST LE	ADDRESS - ZIP UDDRESS - ZIP	L Change □ Add	ition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33188	☐ DELETE	3.4 CI 4.1 TH 4.2 N/ 4.3 STI 4.4 CIT 5.1 TH 5.2 NA 5.3 STI 5.4 CIT 6.1 TH 6.2 NA	TY-ST ILE REET A TY-ST ILE ME REET A TY-ST ILE	LODRESS - ZIP LODRESS - ZIP	L Change □ Add	ition

Indebuy certify that the information supplied with this filling 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 suppliemental annual report is 100 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 trusted the providered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attricting that address.

CICNATUDE.

4/22/68

20-084-48M