

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90117 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000068992

1. Corporation Name

AMERICAN COMPUTER TELEPHONY, INC.



Principal Place of Business

520 BILTMORE WAY  
CORAL GABLES FL 33134

Mailing Address

520 BILTMORE WAY  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

65-0761874

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

CALVACHE, GUSTAVO  
520 BILTMORE WAY  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Calvache, Gustavo

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

255 Alhambra Circle #720

83

84 City

Coral Gables

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

PD  
NAME CALVACHE, GUSTAVO  
STREET ADDRESS 520 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

13. TITLE

TD  
NAME CALVACHE, DANIEL  
STREET ADDRESS 520 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

14. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

15. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

16. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

17. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

PD  
Calvache, Gustavo  
255 Alhambra Circle #720  
Coral Gables, FL 33134

☒ Change

☐ Addition

2.1 TITLE

TD  
Calvache, Daniel  
255 Alhambra Circle #720  
Coral Gables, FL 33134

☒ Change

☐ Addition

3.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

305-4458100

Daytime Phone #

CR2E034 (11/98)