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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000071356 (5)**

COMUNITEL EXPRESS. INC.

Principal Place of Business Mailing Address 8500 W. 4 AVE., UNIT 36 8500 W. 4 AVE., UNIT 36 HIALEAH FL 33012 HIALEAH FL 33012-6606 3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0690465 Not Applicable 21 26 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Z_{10} Country Country Ζœ This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CORDERO, MARTINA-81 6374 W. 27 WAY #20Z HIALEAH FL 33016 83 Zip Code 84 41ALKAH 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 right, 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. Lampfamility, with, Jud accept the obligatoris of Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DP Addition DELETE 1.1 TITLE VIETOWA SALAZAR TITL : -CORDERO: MARTINA NAME 1.2 NAME 19040 NW 57 AVE HIALEAH PL 3301 8074 W: 27 WAY #202 13 STREET ADDRESS STREET ADDRESS HIALEAM FL 33016 HIALEAH 1.4 CiTY - ST- ZIP CITY ST ZIP MANUEL S SALAZOR DELETE 21 TITLE SECT Addition THUE MORALES: CARLOS-NAME 22 NAME TAR 19040 NW 57 AVE \$ 207 6374 W. 27 WAY ≠202 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33018. 2. 4 CITY - ST- ZIP CITY-ST-200 DELETE 3.1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 7IP CITY ST ZP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE Addition 61 TITLE Tille NAME 6.2 NAME

14. I do nereby certly that the information supplied with this filing coes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 or on an attachment with an address.

63 STREET ADDRESS

64 CITY - ST- ZIP

STREET ADDRESS

CITY ST-7IP

Daytime Phone #

FILED

Jan 22 1997 8:00am

Secretary of State

(96/6)

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