

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 OCT 27 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081635 (0)

1. Corporation Name  
TELESIS, INC.

Principal Place of Business

555 N.E. 15TH STREET  
SUITE 15J  
MIAMI FL 33132

Mailing Address

555 N.E. 15TH STREET  
SUITE 15J  
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 555 NE 15TH ST.

Suite, Apt. #, etc.

22 Suite 29D

City & State

23 MIAMI, FL

Zip

24 33132

Country

25 DAE

2a. Mailing Address

26 555 NE 15TH ST

Suite, Apt. #, etc.

27 Suite 29D

City & State

28 MIAMI, FL

Zip

29 33132

Country

30 DAE

4. FEI Number

650707092

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTANEDA, LUIS  
555 N.E. 15TH STREET  
SUITE 15J  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name CASTANEDA, LUIS

82 Street Address (P.O. Box Number is Not Acceptable)  
555 NE 15TH ST

83 Suite 29D

84 City MIAMI

FL

85 Zip Code 33132

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D CASTANEDA, LUIS  
STREET ADDRESS 555 N.E. 15TH STREET SUITE 15J  
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE

NAME D DOOLEY, PAUL  
STREET ADDRESS 555 N.E. 15TH STREET SUITE 15J  
CITY-ST-ZIP MIAMI FL 33132

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 President  
CASTANEDA, LUIS  
1.3 STREET ADDRESS 555 NE 15TH ST Unit 29D  
1.4 CITY-ST-ZIP MIAMI, FL 33132

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 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

Paul J. Dooley

8/15/97 305-500-5276

CR2E034 (4/97)