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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000085149 (8) UNITED VOICEMAIL SERVICES, INC.

Principal Place of Business DOE LIMOOUNI DOAD, PHITE 919 Mailing Address

206 LINCOLN DOND CHITE 912

## **FILED** May 15 1997 8:00am Secretary of State



MIAMI BEACH FL 33139		MIAMI BEACH FL 33139-3157								
						3. Date Incorporated or Qualified 10/15/1996	<b>3a.</b> Da	te of Last R	leport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 ግ	Ar	oplied For		
21		26	26			1/25-0101389	1		ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27				J. Commence of Clades Extended		Fee Re	equired	
City & State	9	City & State	· ¬¬			Election Campaign Financing     Trust Fund Contribution	cing \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible	tay under s	. 199.032,	
24	25	29	30	,				<b>k</b> No		
	g, Name and Address of Curren	nt Registered Agent		81	Name of the same o	10. Name and Address of New Re	gistered A	gent		
	RILAWYER CHARTERED		B1 Name		Name					
	ALMERIA AVENUE		<b>82</b> St		Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
ÇOH	IAL GABLES FL 33134			B3						
				83						
				84	City			85 Zip	Code	
44 Purculant	to the provisions of Sections CO7 Of 0	02 and 607 41 09 Florido Stat	ulon the el			receive a houte this statement to the	FL			
	egistered agent, or both, in the State m familiar with, and accept the obligi	o of Florida. Such change was pations of, Section 607.0505, I	s authorize Florida Stat	d by tutes	the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	of the appo	bintment as	registered	
SIGNATURE	Signature typed or printed name of registered age	ront and late if applicable (NC	OTI: Registere	d Age	ol signalure regi	ured whon teinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
TITLE	PTD	DELF1E	1.1 H	TLF				Change	Addition	
NAME	K <b>ea</b> ne, Brian		1.2 N/	AME						
STREET ADDRESS	235 LINCOLN ROAD, SUITE 3	112	1.3 ST		ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CI	1Y- \$	T - ZIP					
TITLE	VSD	DELETE	2.1 Tr	2.1 स्तरह				Change	Addition	
NAME	PASQUALE, RUSS GRECO		2.2 N/	AME						
STREET ADDRESS	235 LINCOLN ROAD, SUITE 3	112	2.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.40	ITY-S	31 - <b>2</b> (P					
TITLE		L. DELETE	3.1 1)	TLE				Change	Addition	
NAME			3.2 N/	AME						
STREET ADDRESS			3.3 \$1	IREET	ADDRESS					
CITY-ST-ZIP		D per ran			31 - ZIP			<del>/</del> 1		
TITLE		☐ DELFTE	4.1 Ti					Change	Addition	
NAME			4. 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		117 - 51	1- ZIP			Channa	Addition.	
TITLE			5.1 TU					Change	Addition	
NAME			5.2 N/		ABOURDO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TI	TUE	1-214			Change	Addition	
NAME		L. Diccit	6.2 N					LI Unange	L AUGINOR	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ADDRESS					
14. I do heret	ov certify that the information supplies	ed with this Idina does not aux	alify for the	OXOI	motion state	ed in Section 119.07(3)(i), Florida Statute	s I further	certify that	The	
informatio	n indicaled on this annual report or s	suoplomental annual report is	true and a	accu	irate and tha	at my sionature shall have the same loop	l effect as	if made un	der nath: that	
appears in	n Block 12 or Block 13 if changed/or	r the receiver or trustee empo or on an attachment with an ac	owered to e ddress.			ort as required by Chapter 607, Florida S				
-				7	Ku3	Screco, 4/28	197	602	 ام	