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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90163 030 ***150.00

DOCUMENT # P96000087580					
1. Corporation Name FRONTEL INTERNATIONAL CORP.				. (48)(48) (48) (40) 80() 88() 88() 88() 88() 80() 80() 80	
Principal Flace	of Business	Mailing Address			
1726 SW 2ND A		1726 SW 2ND AVENUE			
MIAMI FL 33120 MIAMI FL 33120					- + WOT WINTE IN TURE OR OF
					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
					10/22/1996
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
26					65-0708433 Nct Applicable
Suite, /\pt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27					Fee Required
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be
23	Carata	28	Country		Trust Fund Contribution Added to Fees
Zip	Country Zip Co				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current		· ·		10. Name and Address of New Registered Agent
			81	Name	ne
	RVE, OSCAR R		82	Street	et Address (P.O. Bcx Number is Not Acceptable)
1451 SOUTH MIAMI AVE.			-	Ou cor	city delegate (1.0. Sex resilies) to the rest present
SUITI		83			
MIAM	II FL 33130		84	City	85 Zip Code
				İ	FL M
office or re	agistered agent or both in the State (of Florida. Such change was auti	norized by	tne corpo	ed corporation submits this statement for the purpose of changing its registered irporation's board of directors. It hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes	•	
SIGNATURE	Signature, typed or printed i ame of registered age i	t and title if applicable (NCTE: R	egistered Aper	nt signature re	re re quired when reinstatin) DATE
12.	The state of the s		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	AYERVE, OSCAR R		1.2 NAME		
STREET ADDICESS	1726 SW 2ND AVE		1.3 STREET ADDRESS		SS
CITY-ST-ZIP	MIAMI FL 33129		1,4 CITY-ST-ZIP		Change Addition
TITLE	\$	☐ DELETE	2.1 TITLE		DONITIVEUEZ, J. BLANCA
NAME	DOMINGQUEZ, BLANCA J		2.2 NAME		DONITIVEUEZ, J. DEANET
STREET ADD RESS	1726 SW 2ND AVE		2.3 STREET ADDR 2. 4 CITY-ST-ZIP		SS
CITY-ST-ZIP	MIAMI FL 33129	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADD RESS			3.3 STREET ADDI		SS
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADD RESS			4.3 STREET ADDRESS		SS
CITY-ST-Z/P			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME				Z ADDRESS	222
STREET ADD RESS			5.3 STREET ADDRE		~
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAME		
STREET ADD RESS			6.3 STREE	T ADDRESS	ss
CITY ST 7ID			6.4 CITY-S	T-ZIP	

14. I her aby 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 a scurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the complemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowere 1.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR