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
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90205 016 ***150.00

DOCUMENT # P97000012357

1. Corporation Name
GLORIA TELECOMMUNICATIONS INCORPORATED

Principal Place of Business
7319 NW 36TH ST
MIAMI FL 33166
US

Mailing Address
7319 NW 36TH STREET
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1997

2. Principal Place of Business
21

2a. Mailing Address
26 7319 NW 36th ST

4. FEI Number
65-0736597
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

City & State
23

City & State
28 MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

Country
25

Zip
29 33166

Country
30 MIAMI-DADE

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HELLER, DAN P
701 BRICKELL AVE.
SUITE 1900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	PUCHE, ORLANDO	
STREET ADDRESS	7319 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	☐ DELETE
NAME	GONZALEZ, JOAQUIN	
STREET ADDRESS	7319 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	☐ DELETE
NAME	PUCHE, MAURICW	
STREET ADDRESS	7319 NW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)