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FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P97000015375**
1. Corporation Name
J. BALDWIN Telecom Corp.

Principal Place of Business Mailing Address
6646 NW 174th Lane
Hialeah, FLA. 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6646 NW 174th Ln	25 6646 NW 174th Ln
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 Miami, Fla	27 Miami, Fla
24 City & State	28 City & State
29 Zip	30 Country
31 33015	32 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
2/18/97	65-0727209	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. \$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	9. \$5.00 May Be Added to Fees	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
NONE- Resigned

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
Jimmy Baldwin	6646 NW 174th Ln	Miami	FL	33015

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 **Jimmy Baldwin** DATE **1/22/98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
President	Jimmy Baldwin	6646 NW 174th Ln	Miami, FLA 33015	<input type="checkbox"/>
Secretary	Julia Baldwin	6646 NW 174th Ln	Miami, FLA 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE **Julia Baldwin** DATE **1/22/98** (305) 557-9341

CR2E034 (10/97)