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FILED

May 13 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 # P97000017660 (6)

1. Corporation Name

BTS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

7223 NW 54 ST  
MIAMI FL 33166

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MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

65-0740141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORREA, ANDREA G

14416 SW 142 CT

MIAMI FL 33186

81 Name

ANGELICA DIAS

82 Street Address (P.O. Box Number is Not Acceptable)

8826 DICKENS AVENUE

83

84 City

SURFSIDE

FL

85 Zip Code

33154

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

01.31.98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FILHO, DURAL F  
STREET ADDRESS 6039 COLLINS AVE 1232  
CITY-ST-ZIP MIAMI FL 33141

1.1 TITLE PD  
1.2 NAME DURAL F. FUSCHINI  
1.3 STREET ADDRESS 6039 COLLINS AVE #1617  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE VD  
NAME GUERRATO, LUIS F  
STREET ADDRESS 6039 COLLINS AVE 1232  
CITY-ST-ZIP MIAMI BEACH FL 33141

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 6039 COLLINS AVE #1617  
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE SD  
NAME GUERRATO, ANDREA  
STREET ADDRESS 14416 SW 142 CT  
CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE SECRETARY  
3.2 NAME ANGELICA DIAS  
3.3 STREET ADDRESS 8826 DICKENS AVE  
3.4 CITY-ST-ZIP SURFSIDE, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE

Signature

2/19/98

CR2E034 (10/97)