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

**PROFIT** CORPORATION **ANNUAL REPORT** 1**0**08

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPURATIONS

**FILED** Jun 25 1998 8:00am Secretary of State

	1930			<del></del>	
DOCUI 1. Corporation	MENT # P97000	0022821 (7)			
TEL-PA	N TELEPORT CORP.				
Principal Place of Business		Mailing Address	····		
444 BRICKELL AVENUE		444 BRICKELL AVENUE			
SUITE 189.500 Miami Fl 33131		SUITE WAR SOO MIAMI FL 33131		DO NOT WRITE IN THI <b>S S</b> PACE	
MINIMI I C OVI	v.	Mirror 1E 00101		3. Date Incorporated or Qualified	
	<b></b>	·		03/13/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21 444 Brickell Ave.		26 444 Brickell Ave.		65 - 67 65 6 3 1 Not Applicable \$8.75 Additional	
22 _ Suite 500		27 . Suite 500		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23 Mia	m <b>i,</b> FL		L	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 331	9. Name and Address of Currer	29 33131 nt Registered Agent	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
CO	RPORATION SERVICE COMPAN	<del></del>	81 Name		
1201 HAYS STREET			62 Street	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525			Sireer	Address (1.0. box Number is Not Acceptable)	
			83		
			84 City	■■ 85 Zip Code	
44 8		0 1007 (100 5) 31 01 1		FL 18 Zip Code	
office or re	egistered agent, or both, in the State	of Florida, Such change was a	es, the above-hamed authorized by the corp wide Statutes	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		(1)	maa statutes.	05-18-98	
	Signature, typical or printed daries of Equations ago		: Registered Agent signature	required when reinstating) DATE	
TITLE	OLFICERS AND	D DIFFECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	KARDONSKI, FRANK	Zaorteit	1.1 MLE 1.2 NAME	P	
STREET ADDRESS	444 BRICKELL AVE, STE 102	1	1.3 STREET ADDRESS	Nicolas Ardito Barletta   444 Brickell Ave. Suite 500	
CITY-ST-ZIP	MIAMI FL 33131	•	1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		DFI.ETE	2 1 TITLE	S Change Addition	
NAME			2.2 NAME	Anne Luise Carricarte	
STREET ADDRESS			2.3 STREET ADDRESS	444 Brickell Ave. Suite 500	
CITY-ST-ZIP		Document	2. 4 CITY - ST - ZIP	Miami, FL 33131	
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME	T □ Change 🖼 Addition Denise Kardonski	
STREET ADDRESS			3.3 STREET ADDRESS	444 Brickell Ave. Suite 500	
CITY-ST-ZIP			3.4. CITY-S1-ZIP	Miami, FL 33131	
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY-ST-ZIP	<b></b>		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME CTOSET ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME		<del></del> · ·	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY+ ST-ZIP		
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify for	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Incredy Certify that the information supplied with this filling does not quality for me exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or supplied minual 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.

BE 10-001 (008) 373-8882