PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029700

2. Principal Place of Business

TELECO PAW MULTI SERVICES, INC.

incipal Place of Business	Mailing Address
N FLAGLER AVE	206 N FLAGLER AVE
MPANO BEACH FL 33060	POMPANO BEACH FL 33060

2a. Mailing Address

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90001 011 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/31/1997

4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. \$777 \$5. Certificate of Status Desired \$8.75 Additional fee Required 7 fee Required	21		26			65-0741526	Not	Applicable	
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SIGNATURE 25 OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS CITY-ST-2P TITLE NAME 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Cod		Country		Country				71003	
BIEN-AIME_LOSAIRE 2500 N E 2 AVE BOCA RATON FL 33432 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 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, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. DELETE 15. TITLE 15. STREET ADDRESS	24	25	29 30	<u> </u>				ΜÑο	
BIEN-AIME, LOSAIRE 2500 N E 2 AVE BOCA RATON FL 33432 11. Pursuant to the provisions of Sections 807 0502 and 807 1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its 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, and the obligations of, Section 607,5055, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 607,5055, Florida Statuties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. Change Addition of the purpose of the purpose of changing its registered and the registered re		9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
2500 N E 2 AVE BOCA RATON FL 33432 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the opigations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	DIEN	AIRE LOCAIDE		81	Name		•		
BOCA RATON FL 33432 84	2500 N E 2 AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
Section Sect									
11. Pursuant to the provisions of Sections 907.0502 and 907.1508, 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 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 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 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 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 office or registered agent, or both in the State of Florida, Such change of Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS CITY-ST-2P 13. TITLE OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 15. TITLE OFFICERS AND DIRECTORS IN 12 15. TITL	BUU	A HATUN FL 33432		83					
office or registered agent, or both, in the State of Honda. Such change was authorized by the exponance of directors. Thereby accept the appointment as registered agent, or both, in the State of Honda. Such change was authorized by the affective of the obligations of, section 607 5905, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Addition MAKE BIEN-AIME, LOSAIRE 1.3 STREET ADDRESS CITY-ST-ZPP BOCA RATON FL 33432 1.2 TITLE TITLE DELETE 2.1 TITLE TITLE DELETE 2.1 TITLE CITY-ST-ZPP STREET ADDRESS 2.2 STREET ADDRESS 2.3 STREET ADDRESS 3.3 STREET ADDRESS 4.4 CITY-ST-ZPP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 4.4 CITY-ST-ZPP 4.4 CITY-ST-Z				84	City		FL 85 Zip C	ode	
Signature, typed or printed rame of impolateed agent and tille if applicable (NOTE Repairmed Agent Value in Signature Required Value in Reputation (NOTE RESIDENCE) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N.1.2	office or r	egistered agent or both in the State (of Florida. Such change was auth	orized by	tne corporatio	oration submits this statement for the pu in's board of directors. I hereby accept th	rpose of changing its r ne appointment as reg	registered jistered	
12.	SIGNATURE		NOTE Pa	cietared Agent	eignature required	when reinstating)	DATE		
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SIREEI AUDICOS	NAME								
E & COUNT OF TIO	STREET ADDRESS								
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	CITY-ST-ZIP	<u> </u>		6.4 CITY-S1			15 15 15 1		

ipplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am are or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered.