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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043145 (6)

UNITELL COMMUNICATIONS, INC.

**FILED** Apr 07 1998 8:00am Secretary of State

		*			
Principal Place of Business Mailing Address					
11266 N.W. 20TH DR. CORAL SPRINGS FL 33071		11266 N.W. 20TH DR. CORAL SPRINGS FL 33	071		
		00/1/2 0/1/1/00 / 2 00	<b>.</b>	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 05/07/1997	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0/57666	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
<del> </del>		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 <sub>(p</sub>	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registere	f Agent
MORIN, ENRIQUE			B1 Name	·	
11266 N.W. 20TH DR. CORAL SPRINGS FL 33071			82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		Inc. Zin Codo
				F	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered a pint and title of applicable. (NOT) Registered Agent signature required when reinstating). DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	DILETE	1.1 TOLE		Change Addition
NAME	MORIN, ENRIQUE		1.2 NAME		
STREET ADDRESS	11266 N.W. 20TH DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	Deter	1.4 C(1)Y - S1 - Z(P		
TITLE NAME		∐ DELETE	2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE	· <del></del> ·- · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 THILE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELFTE	44 CITY-ST-ZIP 51 TITLE		Change Addition
NAME		(_) DELFFIC	51 IIILE 52 NAME		L rivarige L Adoition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplied with	this filmo does not qualify to		ed in Section 119.07(3)(i) Florida Statutes Hurther	cortify that the information

indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the continuous 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 artificial mental and that my address.