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 #
1. Corporation Name P97000044844 (3)

INFINITY TELECOMMUNICATIONS CONSULTING, INC.

FILED Mar 25 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | | | |
|---|---|---|---|--|------------------------------------|
| | 1881 MIDDLE RIVER DRIVE #707 1881 MIDDLE RIVER DRIVE #707 FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305 | | | | |
| TORE ENDDENDAGE TE 33300 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 05/20/1997 | |
| | lace of Business | 2a. Mailing Address | 0 . (.) | 4. FEI Number | Applied For |
| | Port Royale Blul. | 26 3101 Port | Royale Blud | 650755705 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 T | | 27 #115 | | 5. Continuate of Orallos Desires | Fee Required |
| | LAUderdALC FL | 28 Ft. LAWCER | le FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip 33308 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 24 333 | | 1-01 | 10 A 2M | Personal Property Tax due June 3 | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name | | | | | |
| DEIOGRA MONAND | | | | | |
| 11596 LAKEVIEW DRIVE | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| CORAL SPRINGS FL 33071 | | | | | |
| | | | 55 | | |
| | | | 84 City | | 85 Zip Code |
| 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 agont, 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, tyled or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND I | `` <u>`</u> | Hegistered Agent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE DE AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | ADDITIONS/OFFICES TO OFFICE | Change Addition |
| NAME | DZICEK, RICHARD | C | 1.2 NAME | | E onlinge E Roonton |
| STREET ADDRESS | 11598 LAKEVIEW DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | | 1.4 CITY - ST - ZIP | | |
| TITLE | SD | DELETE | 2.1 TITLE | | Change Addition |
| NAME | MARTINEZ, P T | - | 2.2 NAME | | |
| STREET ADDRESS | 888 INTRACOASTAL DRIVE #48 | Ē | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETÉ | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | DELET e | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | j |
| TITLE | | ☐ DELETË | 5,1 TITLE | | Change Addition |
| NAME | | | 5.2 KAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 QITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TILE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 TREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 TY-ST-ZIP | | |
| 14. I hereby co | ertify that the information supplied with | this filing does not qualify for t | the examption stated in S | Section 119.07(3)(i), Florida Statutes. I fur | rther certify that the information |
| indicated on this annual report or supplemental annual report is true and accurate a right 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 his 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. | | | | | |