## 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 # P97000055173 (3)

TELESYS COMMUNICATIONS, INC.

Principal Plac	e of Business	Mailing Address				
12864 BISCAYNE BLVD. 12864 BISCAYNE BLVD. SUITE 196 SUITE 196			VD		DO NOT WRITE IN THIS SPACE	
MIAMI FL 331	6)	MIAMI FL 33181			3. Date Incorporated or Qualified	
9 Principal D	lloop of Christian	2a. Mailing Address			06/24/1997 4. FEI Number Applied For	
2. Principal Place of Business 26.		— ·	- Maning Addiess		4. FEI Number Applied For Not Applied For Not Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional	
22 27 City & State City &		City & State	& State		6. Election Campaign Financing \$5.00 May Be	
23		28	l		Trust Fund Contribution Added to Fees	
<b>Zip</b> Country <b>24 25</b>		7(µ	7(p) Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes No	
	9. Name and Address of Curre	·	130		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED			81	Name		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	Street /	Address (P.O. Box Number is Not Acceptable)	
CO	HAL GABLES FL 33134		83			
			84	City	85 Zip Code	
44 Durament to the creations of Postana CO7 01/02 and CO7 1509 Floride Cleans			otutoo the obe	lo nomad	corporation submits this statement for the purpose of changing its registered	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or pooled name of requirement agent.	ations of, Section 607.0505	i, Florida Statute	S.	poration's board of directors. I hereby accept the appointment as registered	
12.		D DIRECTORS	13.	agridian.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> DELETE		1.1 THILE		Change Addition	
NAME STREET ADDRESS	GOLD, RICHARD A 12864 BISCAYNE BLVD,.	CV170196	1,2 NAME	I ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181		1.3 STREE			
TITLE		☐ DELETE			☐ Change ☐ Addition	
NAME			22 NAME			
STREET ADDRESS CITY-ST-ZIP			2.3 STREE 2. 4 CITY	T ADDRESS		
TITLE	DELETE		3.1 TITLE	υ, <u>ε</u> ιι	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS CITY-ST-ZIP				ADDRESS		
TITLE		DELETE	4.1 TITLE	or-ZIP	Change Addition	
NAME			4. 2 NAM8			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	SI - ZIP	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY~ST-ZIP TITLE		DELETE	5.4 CITY-	ST - ZIP	Change Addition	
NAME		LI PALIE	61 TITLE 6.2 NAME	ł	Change Audition	
CTOCKY ADDDCCC			0.0.07055	r Languego		

14. Thereby 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 trusted 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 or an attackment with an address.

SIGNATURE:

Richal Soll

1/29/98 305 875937

**FILED** 

May 14 1998 8:00am

Secretary of State

2E034 (10/97)