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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056420 (7)

MIAMI PAY PHONE SERVICES, INC.

Country

1428 BRICKELL AVENUE, 6TH FLOOR

g, Name and Address of Current Registered Agent

25

WEIL, BRUCE A ESQ.

MIAMI FL 33131

Principal Place of Business Mailing Address 1428 BRICKELL AVENUE, 6TH FLOOR 1428 BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131 MIAMI FL 33131

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

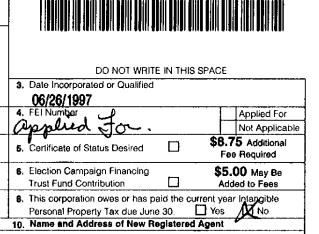
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FILED · May 15 1998 8:00am Secretary of State



Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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| | The state of the s | | | | |
|----------------|--|----------------------------|--|--------------|------------|
| SIGNATURE | Signature, typod or product name of registered agent and title if appticable (NOTE) | Registered Agent signature | o required when reinstating) D | ATE | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 |
| TITLE | DELETE | 1.1 TITLE | M | ☐ Change | Addition |
| NAME | | 1.2 NAME | | | • |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 117 SE 3AVE | | |
| CITY-ST-ZIP | | 1.4 CłTY-ST-ZIP | KARENDAVIS 117 SE BAVE MIDMI, FI 33131 | | |
| TITLE | ☐ DELETE | 2.1 TITLE | | Change | Addition |
| NAME | | 2.2 NAME | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 3.1 1ITLE | | Change | ■ Addition |
| NAME | | 3.2 NAME | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 3.4. CITY - ST - ZIP | | | |
| TITLE | DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 4. 2 NAME | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CITY - ST - 2IP | | | |
| TITLE | DÉLETÉ | 5.1 TITLE | | Change | Addition |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY - ST - 2IP | | | |
| TITLE | ☐ DELETE | 6.1 TrTLE | | ☐ Change | Addition |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 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 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 section of the corporation of the section of the corporation or the section of the corporation of the section o