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 # P97000086781 (6)

DIALTONE USA, INC.

FILED

Apr 27 1998 8:00am

Secretary of State

Applied For

Principal Place of Business	Mailing Address		
100 N.W. 76TH AVENUE SUITE 306-2 PLANTATION FL 33324	100 N.W. 76TH AVENUE Suite 306-2 Plantation FL 33324	DO NOT WRITE IN THIS SP	
_		3. Date incorporated or Qualified 10/06/1997	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	

	S TOOM ALCTHOR WILL	20 0 100074 07	LIP OC JUNIOR	Mot Applicable
Suite, Apt.		Suite. Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat		City & State 28 DAVIE,	FLORIDA	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 333	Country	2ip 29 333/7	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent
FLORIDA INCORPORATORS, INC. 81 Name				
	21 BRICKELL AVENUE		82 Street A	Address (P.O. Box Number is Not Acceptable)
	ITE 900		OZ SIFEEI A	Radiess (F.O. Dox Number is Not Acceptable)
	MI FL 33131		83	
			84 City	FL 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 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.				
SIGNATURE				
<u> </u>	Signifiure, typed or printed name of registered age		Registered Agent signature r	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P Addition Addition
TITLE	CLERMONT, ALEXANDRA	FT DECEIE	1.1 TITLE	P CLERMONT, ALEXANDRA
NAME		UTC 4000	1.2 NAME	DIRE NOVA DILLACE DRIVE
STREET ADDRESS	1420 S.W. 82ND TERRACE, S	UITE 1032	1.3 STREET ADDRESS	2186 NOVA VILLAGE DRIVE DAVIE FL 33317
CITY-ST-ZIP	PLANTATION FL 33324	Distre		
TITLE		☐ DELETE	21 THTLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELET É	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETÉ	4.1 TITLE	Change Addition
NAME			4. 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CiTY-ST-ZIP			5.4 CITY - \$1 - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition

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 cociever 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 on an attachment with an address.

SIGNATURE: Decant Com

STREET ADDRESS

ALEXANDRA CLEBMONS

04-21-98 9544233948