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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90134 023 \*\*\*150.00

i. Corporation	MENT # <b>P97000</b> n Name DING & TELECOMMUNICAT				1 (MONTO) (10 NOTE 1 NOTE 0 NO	ins kurdt istik ditin	1 <b>210</b> 1 (211: 122)
		BA-III Address				IOI IOI IOI E OMIO	18101 FBA1 1841
Principal Plac	•	Mailing Address					
6004 MIRAMAR PKWY 1041 N 71 TERR MIRAMAR FL 33023 HOLLYWOOD FL 33024						-	
US	JU23	US			DO NOT WRITE IN TH	IIS SPACE	
00					3. Date Incorporated or Qualifed		- , -
	*				10/15/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0795340	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	II
22	and the second second	27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year		
24	25	29 30	<u> </u>		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registers	ed Agent	
MED	INO MICHAEL LI		8	Name			·
MERINO, MICHAEL H			8	Street Add	fress (P.O. Box Number is Not Acceptable)		
1321 N PALM AVE							
PEM	BROKE PINES FL 33026		8	33			
			8	34 City		85 Zip (	Code
				1 '	F	L	
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Florida	Statut	<b>55</b> .	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the property of the purpose of the purpose ion's board of directors. I hereby accept the appropriate the purpose in the purpose ion's board of directors. I hereby accept the appropriate the purpose ion's board of directors. I hereby accept the appropriate the purpose ion's board of directors. I hereby accept the appropriate the purpose ion's board of directors. I hereby accept the appropriate the appr	pointment as re	gistered
12.		ND DIRECTORS	13.	gent agrietare rodon	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VSD	□ DELETE	1.1 TITLE	E		☐ Change	Addition
NAME	MATTHEWS, BRETT		1.2 NAMI	E			
STREET ADDRESS	1633 FAIRWAY RD		1.3 STR	EET ADORESS			
	PEMBROKE PINES FL 33026		1.4 CITY				
CITY-ST-ZIP TITLE			2.1 TITLE			Change	Addition
NAME	PEREZ, CARLOS J		2.2 NAM				
STREET ADDRESS	1041 N 71ST TERR			EET ADDRESS			
	HOLLYWOOD FL 33023			(-ST-ZIP			
CITY-ST-ZIP TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAM				
	,		-	EET ADDRESS			
STREET ADDRESS	·			(-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
·			4. 2 NAN	<del></del>			
NAME				EET ADDRESS			
STREET ADDRESS	1			-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	☐ Addition
TITLE	1		5.2 NAM				
NAME				EET ADDRESS			
STREET ADDRESS	The state of the s			-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITU			Change	Addition
TITLE NAME	3	A STATE OF THE STA	6.2 NAM			_ *-	_
WAME	1			ı			I

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 receiver or trustee employered 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 express, with all other like empowered.

6.3 STREET ADDRESS

6.4 C/TY+ST-Z/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ann ann PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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