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## **FILED** Apr 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # P97000089486 (9) AMB PHONE CORPORATION FINANCIAL كالصنائلات النفيد كالمتحكا للسطاللان Principal Place of Business Mailing Address 7575 WEST FLAGLER STREET 7575 WEST FLAGLER STREET **SUITE 100** SUITE 100 DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33144 3. Date Incorporated or Qualified 10/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0791534 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLANCA, ANTONIO X J. 3121 SW 138 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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 Floridal 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agest and fit off applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 7/11/6 PRESIDENT NAME 1.2 NAMÉ DEBRO AGUDO 7575 W. FLAGLER ST. # 100 STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FLORIDA 33144 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME

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64 CITY - ST- ZIP 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the received or trustee go because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it surged as a corporation or the received or trustee go because the same logal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee go because the same logal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee go because the same logal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee go because the same logal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee go because the same logal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee go because the same logal effect as if made under oath; that I am an officer or director of the corporation or the receive of the corporation of the cor Block 12 or Block 13 if changed, or on an at

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