PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800000774

1. Corporation Name COMPUTER TELEPHONY CONSULTANTS, INC.															
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Principal Place	of Business	4	-	iling Address	•				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			••••		
8285 NW 64TH STREET BAY #1 8285 NW 64TH STREET BAY #1 MIAMI FL 33166 MIAMI FL 33166									•					•	
MIAMI PL 33160	•		MILE.	led tr 20100						DO NOT		IN THIS	SPACE		٦.
								3	. Date Incorp		alifed				Į
				91-15 9 dd				_ _	01/05/19					plied For	-
2. Principal Place of Business				2a. Mailing Address				1	4. FEI Number 65-0808195				<u> </u>	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				t-	5. Certificate of Status Desired				\$8.75 Additional		1
22				27					o. Certificate o		100 1	_	Fee Ro		_
City & State	•	•		City & State -			. •		i. Election Ca		ncing	ב ^י כ	\$5.00 Added		
23	<u></u>	Country	28	Zip	Cor	ıntry				Contribution	e cimen	vear Inte		O 1808	╣┈┈
24 Zip		25	29	· · · · · · · · · · · · · · · · · · ·		30			This corporation owes the current year Inter- Personal Property Tax.			Ø(Yes □No			
	9. Name	and Address of Curre	nt Regia	ered Agent				10). Name and	Address of	New Reg	stored	Agent		4
ADA	NA EMARA					81	Name				•			_	
Arana, Edwin 8285 NW 64TH Street Bay #1						82	Street Ad	ddress (Iress (P.O. Box Number is Not Acceptable)				•		
1	VI FL 3316					83									1
l '	•	-•												Code	-
·					84 City							FL	1 1		_
11. Pursuant	to the provis	tions of Sections 607.05 tent, or both, in the Stati tih, and accept the oblig	02 and 60	7.1508, Florida Statut	es, the a	bove (named co	orporati	on submits thi	s statement f	or the pu	rpose of a	changing its itment as re	registered gistered	
office of n	egistered ag m famillar wi	ith, and accept the oblic	ations of	Cartino 807 0505 Elo	rida Stal	idas	- corpore	00010				·		_	
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SIGNATURE												DATE	<u>.</u>	•	
SIGNATURE		or prised name of registered ag	pent and title i	applicable. (NOTE					neinstating) ADDITIONS			DATE	D DIRECTO	ORS IN 12	(38)
SIGNATURE		or printed name of registered ag	pent and title i	applicable. (NOTE	Registeres	Agent s			n reinstating)			DATE		<u> </u>	(11/98)
SIGNATURE	PSTD ARANA,	OFFICERS A	pent and title it	applicable. (NOTE	13. 1.1 Ti 1.2 N	Agent a	lignatura radu		n reinstating)			DATE	D DIRECTO	ORS IN 12	034 (11/98)
SIGNATURE 12. TIRE	PSTD ARANA, 1 8285 NW	OFFICERS A EDWIN 64TH STREET BAY	pent and title it	applicable. (NOTE	13. 1.1 Ti 1.2 N 1.3 S	Agent o	ooreess		n reinstating)			DATE	D DIRECTO	ORS IN 12	(2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARANA,	OFFICERS A EDWIN 64TH STREET BAY	pent and title it	Applicable. (NOTE CTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 G	Agent a	ooreess		n reinstating)			DATE	D DIRECTO	ORS IN 12	R2E034 (
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD ARANA, 1 8285 NW	OFFICERS A EDWIN 64TH STREET BAY	pent and title it	applicable. (NOTE	13. 1.1 TI 1.2 N 1.3 S . 1.4 G 2.1 TI	TLE AME TREET A TTY-ST-1	ooreess		n reinstating)			DATE	D DIRECTO	DRS IN 12	CR2E034 (11/98)
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4. 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 empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE: 🔨 OSIONITHE BEOGIRED

x04/24/94 365-463-8840

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90044 038 ***150.00