PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90182 029 ***150.00

| DOCUMENT # P98000016187 | | | | | | | |
|---|--|------------------------------------|------------------|-------------------------|--|-------------------------------|---------------|
| 1. Corporation | | | | | | | |
| INTERNA | TIONAL VOICE MAIL, INC | D | | | ~ | a mana manan katabi | in an an |
| | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | , JU ara B iran Juan I | |
| , | | | STREET | | | | |
| 9780 SOUTHWEST 119TH STREET 9780 SOUTHWEST 119TH STR MIAMI FL 33176 MIAMI FL 33176 | | | STREET | | | | |
| | | | | | DO NOT WRITE IN THIS | SPACE | 1 |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 02/19/1998 4 FEI Number | T And | olied For |
| - ≒ | ace of Business | 2a. Mailing Address | | | 65 - 0814976 | <u> </u> | Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | \$8.75 A | • • |
| | r, 8tc. | 27 | | | 5. Certifcate of Status Desired | Fee Red | |
| City & State | 3 1 1 1 To 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | Atm who get to | 28 | | | Trust Fund Contribution | Added to | - |
| Zip | Country | Zip | Cou | ntry | 8. This corporation owes the current year Ir | | _ |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curr | ent Registered Agent | | 04 11 | 10. Name and Address of New Registered | Agent | |
| A4455 | DIL 4140/ED | | | 81 Name | | | } |
| AMERILAWYER | | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| 343 Almeria avenue Coral Gables Fl 33134 | | | j | 83 | | | |
| CON | AL CABLES PL 33134 | | l | 03 | · | | |
| | | | | 84 City | Fi | 85 Zip C | ode |
| | - 16 1-1 | E02 and C07 4E09 Florida Statu | too the a | ove pamed com | poration submits this statement for the purpose of | f changing its | registered |
| office or re | edistered agent or both in the Stat | le of Florida. Such change was a | authonzec | by the comporation | on's board of directors. I hereby accept the appo | intment as reg | gistered |
| agent. I ar | m familiar with, and accept the obli | gations of, Section 607.0505, Fi | onda Stati | ites. | | | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. (NOT | E: Registered | Agent signature require | d when reinstating) DATE | | — \ |
| 12. | - | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | |
| TITLE | PD | ☐ DELETE | 1.1 TT | TE . | | Change | Addition |
| NAME | MEHU, WILLY JR. | EHU, WILLY JR. | | ME | | | |
| STREET ADDRESS | 9780 SOUTHWEST 119TH STREET | | | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | | TY-ST-ZIP | | | |
| TITLE | SD | ☐ DELETE 2.1 T | | LE - | | Change | ☐ Addition |
| NAME | EVEILLARD, PATRICK | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | - |
| CITY-ST-ZIP | <u>MIAMI FL 33176</u> | | _ | TY-ST-ZIP | | ☐ Change | Addition |
| TITLE | TD | ☐ DELETE | 3.1 17 | | | C Originals | |
| NAME | MENTOR, PAUL R | | 3.2 N/ | | | | |
| STREET ADDRESS | i i | IKEEI | | REET ADDRESS | · | | |
| CITY-ST-ZIP | MIAMI FL 33176 | DELETE | _ | TY-ST-ZIP | | ☐ Change | Addition |
| TITLE | | | 4.1 TT 4. 2 N | | | | |
| NAME | | | | REET ADDRESS | | |) |
| STREET ADDRESS | | | | TY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TI | | | Change | Addition |
| NAME | | <u></u> | 5.2 N | | | | |
| STREET ADDRESS | | | 5.3 ST | REET ADDRESS | | | } |
| CITY-ST-ZIP | | | 5.4 CI | TY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TI | T.E | | ☐ Change | Addition |
| NAME | | | 6.2 N | ME | · | | |
| STREET ADORESS | | | 6.3 ST | REET ADDRESS | • | | |

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: