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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P980000182231 DOCUMENT #

officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attack

SIGNATURE:

1. Corporation Name

May 17, 1999 8:00 am Secretary of State

05-17-1999 90093 025 ***150.00

AMERICA CALLING	,				
Principal Place of Business	Mailing Address		-		
7900 N.W. 36TH	ST 7900 N.	W. 36TH ST.			
• •	-	-	DO NOT WRIT	TE IN THIS SPACE	
MIAMI, FL 33166 MIAMI.		FL 33166	3. Date Incorporated or Qualifed		
			2/23/98		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	X A	pplied For
	26			N	ot Applicabie
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	()	Additional
2	27		3. Certificate of Status Desired	Fee R	equired
City & State	City & State		6. Election Campaign Financing	1 1	May Be
3	28		Trust Fund Contribution		to Fees
Zip Country	Zip	Country	8. This corporation owes the curr	rent year intangible ⊠Yes	□No
4 25		30	Personal Property Tax. 10. Name and Address of New F		
9. Name and Address of	Current Registered Agent	81 Name	To. Name and Address of New 1	tegistered Again	
BRIAN. FINK, ESQU.	IRE			- 1-1	
CATLIN. SAXON, T	UTTLE + EVAXIS	PA 82 Street Addr	ress (P.O. Box Number is Not Accepta	abie)	
169 E. FLAGLER					
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		lect 7:	Codo
MIAMI, FL 33	?/3/	84 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 6	507.0502 and 607.1508. Florida Statute	es, the above-named corp	poration submits this statement for the	purpose of changing it	s registered
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 	e State of Fiorida, Slich charge was at	HILIOHZED DV NIE COLDOLAM	on's board of directors. I hereby acce	pt the appearance	egistered
agent. I am tamiliar with, and accept the	e obligations of, Section 007.0303, Flor		VII	1//- 4/00	
		15-17	ور ۱۷۲	4/25/58	
SIGNATURE #		: Registered Agent signature require	od when reinstating)	DATE	
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