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## 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

DOCUMEN	Γ#	PORC	00001	9305
1. Corporation Name				0000

MULTIPHONE USA, INC.

Principal	Place	of	Business
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Mailing Address

1390 RRICKELL AVENUE SHITE 200

1390 BRICKELL AVENUE SUITE 200

MIAMI FL 33131	MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE
			3. Date incorporated or Qualifed	
<i>;</i>			02/27/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1 8405 NW 5357	26		68-0823860	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 1944	5. Certificate of Status Desired	\$8.75 Additional Fee Required.
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 33/45 25 DAde	Zip Cou 29 30	ntry	This corporation owes the current year Interpretation     Personal Property Tax.	tangible □Yes □No
9. Name and Address of Current I	<u> </u>	l .	10. Name and Address of New Registered	Agent
ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE SUITE 200		82 Street Addre	FIA POWELL-COSIO uss (P.O. Box Number is Not Acceptable) O Brickell Avenue	
MIAMI FL 33131		83	ite 200	
		84 City	ımi FL	85 Zip Code 3 3 1 3 1

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered

agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Flori	a Statutes.	ļ
SIGNATURE	Bossa Powell - Cosio	Victored Arent signstire required when reinstating)  DATE  PATE	{
12.	Signature, typed printed name of registered agent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS	gistered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE NAME STREET ADDRESS	D DELETE PEDROSA, JORGE 1390 BRICKELL AVENUE SUITE 200	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.7 TITLE  TO IZE PEO 1 D 5 A  IXChange  IXChange  IXChange  IXChange  IXChange	Addition
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP 1/1 AMI - FL 3316L	
TITLE	☐ DELETE	2.1 TITLE Change	Addition
NAME STREET ADDRESS		2.3 STREET ADDRESS	}
CITY-ST-ZIP TITLE	DELETE	2.4 CITY-ST-ZIP Change	Addition
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STREET ADDRESS		4.3 STREET ADDRESS 4.4 CITY- ST-ZIP	
TITLE NAME	DELETE	5.1 TITLE	Addition [
STREET ADDRESS		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	DELETE	6.1 TITLE Change	Addition
NAME	_	6.2 NAME	ł
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filling 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 the and accurate any officer or director of the corporation of the receiver of trustee empowered to execute his 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 any oddress with all other like expowered.

SIGNATURE:

Daytime Phone #