PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000026006

1, Corporation Name

THE INTELESIS COMMUNICATION GROUP, INC.

Principal Place of Business

Mailing Address

12955 BISCAYNE BLVD #402 NO MIAMI FL 33181

12955 BISCAYNE BLVD #402 NO MIAMI FL 33181

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90149 024 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | | | 3. Date Incorporated or Qualifed |
|---|--|--------------------------------|-------------------------|-------------------|--|
| l | | | | ^ | 03/19/1998 |
| 2. Principal P | lace of Business | 2a. Mailing Address | (10 | 1 0 12 | 4. FEI Number Applied For |
| 21 179 | UV DISCOYNE DIVO | 26 119VVD | <u> </u> | yne B | Not Applicable |
| Suffe, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | <i>'</i> | 5. Certifcate of Status Desired |
| City & State 23 MIAM! IL 28 MIAM! IL | | | L | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |
| Zip 731 | 81 25 USA | 29 233181 3 | Country | USA | 8, This corporation owes the current year Intangible Personal Property Tax. Yes No |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| | | | | Name | |
| FISCH, KIRSTEN E | | | | Street Ad | Idress (P.O. Box Number is Not Acceptable) |
| 11111 BISCAYNE BLVD STE 358 | | | | | |
| MIAMI FL 33181 | | | 83 | | |
| | | | 84 | City | FL 85 Zip Code |
| 44 Pursuant | to the provisions of Sections 607 0502 | and 607.1508. Florida Statutes | the abov | e-named co | progration submits this statement for the purpose of changing its registered |
| 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 office or registered agent, or both, in the State of Florida. 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 Signature typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE | | | | | |
| OST OF PURPOS TOPO | | | | ni signature requ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | D OFFICERS AND | □ DELETE | 1.1 TITLE | | Change Addition |
| NAME | DUNNE, GERALD M | _ | 1.2 NAME | | |
| STREET ADDRESS | 2400 W CYPRESS CREEK RD | | 1 | TADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33181 | | 1.4 CITY-S | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FISCH, KIRSTEN E | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREE | TADORESS | |
| CITY-ST-ZIP | AMARAN PL BASAS | | 2.4 CITY- | ST-ZIP | |
| TITLE | D | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | WEINSTEIN, JACK | EINSTEIN, JACK 3.2 NAME | | ĺ | |
| STREET ADDRESS | 13499 BISCAYNE BLVD #1209 | | 3.3 STREE | TADDRESS | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | |
| TITLE | | ☐ DELETE | 4,1 TITLE | } | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREE | TADORESS | |
| CITY-ST-ZIP | | | 4.4 CITY- S | ST-ZIP | 70b |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | T + DDDDC00 | |
| STREET ADORESS | | | | T ADDRESS | |
| CITY-ST-ZIP | | □ DELETE | 5.4 CITY-S 6.1 TITLE | 11-ZIP | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 6.2 NAME | | |
| NAME | | | | TADDRESS | |
| STREET ADDRESS | 1 | | | | |
| CITY-ST-ZIP | \ | | 6.4 CITY-5 | 11-ZIP | |

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.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)