

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90034 027 ***150.00

DOCUMENT # P98000041458

1. Corporation Name
GITS-GLOBAL INTELLIGENT TELECOMMUNICATION SERVIC
ES, CORP.

Principal Place of Business
11205 NW 10TH PLACE
CORAL SPRINGS FL 33071

Mailing Address
11205 NW 10TH PLACE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number
58-238.6462

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
2831 East Oakland Park Blvd

2a. Mailing Address
2831 E. Oakland Park Blvd

Suite, Apt. #, etc.
08

Suite, Apt. #, etc.
suite 08

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip Country
33306 USA

Zip Country
33306 USA

9. Name and Address of Current Registered Agent

CARVALHO, ROBERTO PORTO M
11205 NW 10TH PLACE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

Moyses S. Levy

82 Street Address (P.O. Box Number is Not Acceptable)

2831 E. Oakland Park Blvd. #08

83

84 City

Fort Lauderdale

FL

85 Zip Code
33306

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]
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

January 07, 1999

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CARVALHO, ROBERTO PORTO M
STREET ADDRESS 11205 NW 10TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Moyses S. Levy
1.3 STREET ADDRESS 11205 NW 10th Pl.
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Paulo Gil M. Ferreira
2.3 STREET ADDRESS 37 Fort Royal Isle
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 07, 1999

Date

(954) 5372141

Daytime Phone #

CR2E034 (11/98)