


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90020 025 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>             |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
| <b>DOCUMENT # P98000041892</b><br>1. Corporation Name<br><b>COSTEL, INC.</b> |   |   |

Principal Place of Business  
 6615 SW 41ST STREET  
 MIAMI FL 33155

Mailing Address  
 6615 SW 41ST STREET  
 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

|                                |                                      |                     |                                      |   |                                |
|--------------------------------|--------------------------------------|---------------------|--------------------------------------|---|--------------------------------|
| 2. Principal Place of Business |                                      | 2a. Mailing Address |                                      | 3. Date Incorporated or Qualified<br>05/08/1998   |                                |
| 21                             | Suite, Apt. #, etc.<br>6400 SW 37 ST | 26                  | Suite, Apt. #, etc.<br>6400 SW 37 ST | 4. FEI Number<br>65-0834080   | Applied For<br>Not Applicable  |
| 22                             | City & State<br>MIAMI FL             | 27                  | City & State<br>MIAMI FL             | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23                             | Zip<br>33155                         | 28                  | Zip<br>33155                         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 24                             | Country                              | 29                  | Country                              | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent         |  | 10. Name and Address of New Registered Agent  |  |
| TILLAN, JOSE A<br>6615 SW 41ST STREET<br>MIAMI FL 33155 |  | 81 Name<br>TILLAN, JOSE A.<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>6400 SW 37 ST<br>83<br>84 City<br>Miami<br>85 Zip Code<br>FL 33155 |  |

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|  |  |  |  |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TILLAN, JOSE A<br>6615 SW 41ST STREET<br>MIAMI FL 33155 <input type="checkbox"/> DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br>TILLAN JOSE A.<br>6400 SW 37 ST<br>MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>TILLAN, TANIA M<br>6615 SW 41ST STREET<br>MIAMI FL 33155 <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VD<br>TILLAN TANIA M<br>6400 SW 37 ST<br>MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE A. TILLAN (PRESIDENT) or  
 (DIRECTOR)

3/28/99 305 9840999

CR2E034 (11/98)