

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90012 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98 00064907
 1. Corporation Name
FerrTel, Inc.

Principal Place of Business <u>7501 SW 3987</u> <u>Miami, Fl. 33155</u>	Mailing Address
---	-----------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/19

2. Principal Place of Business 21 <u>7501 SW 3987</u>	2a. Mailing Address 26 <u>7501 SW 3987</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <u>Miami, Fl.</u>	28 City & State <u>Miami, Fl.</u>
24 Zip <u>33155</u>	25 Country <u>USA</u>
29 Zip <u>33155</u>	30 Country <u>USA</u>

4. FEI Number 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

9. Name and Address of Current Registered Agent
David Ferrer + Elise E. Ferrer
7501 SW 3987
Miami, Fl. 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 David Ferrer - President DATE 5/6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>President</u>	<input type="checkbox"/> DELETE	1.1 TITLE <u>President</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>David Ferrer</u>		1.2 NAME <u>David Ferrer</u>	<u>same as previous year</u>
STREET ADDRESS <u>7501 SW 3987</u>		1.3 STREET ADDRESS <u>7501 SW 3987</u>	
CITY-ST-ZIP <u>Miami, Fl. 33155</u>		1.4 CITY-ST-ZIP <u>Miami, Fl. 33155</u>	
TITLE <u>Vice President</u>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Elise Ferrer</u>		2.2 NAME	
STREET ADDRESS <u>7501 SW 3987</u>		2.3 STREET ADDRESS	
CITY-ST-ZIP <u>Miami, Fl. 33155</u>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: David Ferrer DATE 5/6/99 (305) 262-1470
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)