

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
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 004 ***150.00

DOCUMENT # P98000057783

Corporation Name
BILL SOUTH TELEPHONE COMPANY

Principal Place of Business

SW 9TH STREET
33104

Mailing Address

P.O. BOX 650577
MIAMI FL 33265-0577

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

65 0846707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

PELLETIER, JAVIER
12910 SW 9TH STREET
MIAMI FL 33184

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
PELLETIER, JAVIER
12910 SW 9TH STREET
MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
JESUS PELLETIER
12910 S.W. 9TH
MIAMI, FL 33184-2129

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Pay to the
Order of

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
NationsBank

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
NationsBank, N.A.
Florida Corp.
Bill South

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
10631002771 34392190161 0356

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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.