

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90214 021 \*\*\*150.00

DOCUMENT # P98000059734

1. Corporation Name

COIN-TEL UNLIMITED, INC.

Principal Place of Business

17100 COLLINS AVENUE  
SUITE 207  
MIAMI BEACH FL 33160-3675

Mailing Address

17100 COLLINS AVENUE  
SUITE 207  
MIAMI BEACH FL 33160-3675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

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

2. Principal Place of Business

21 7925 NW 12 St.

Suite, Apt. #, etc.

22 318

City & State

23 MIAMI, FL.

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 7925 NW 12 Street

Suite, Apt. #, etc.

27 318

City & State

28 MIAMI, FL.

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name TAX MANAGEMENT SERVICES

82 Street Address (P.O. Box Number is Not Acceptable)  
7925 NW 12 Street

83 Suite 318

84 City MIAMI

FL

85 Zip Code 33126

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 TAX MANAGEMENT SRVS. CORP.

Accountant

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHEHEBAR, DAVID  
STREET ADDRESS 17100 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33160-3675  
☒ DELETE

TITLE VD  
NAME AGRELLA, DARYLL  
STREET ADDRESS 17100 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33160-3675  
☐ DELETE

TITLE SD  
NAME CHEHEBAR, MORRIS  
STREET ADDRESS 17100 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33160-3675  
☒ DELETE

TITLE T  
NAME CHEHEBAR, GABRIEL  
STREET ADDRESS 17100 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33160-3675  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DST  
DARYLL AGRELLA  
7925 NW 12 St. Ste 318  
MIAMI, FL. 33126  
☒ Change ☐ Addition

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

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

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

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

SIGNATURE: DARYLL AGRELLA

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)