# t (11/98)

Zip Code

85

### 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

## DOCUMENT # P98000091284

Corporation Name

2. Principal Place of Business

Suite, Apt. # etc. \*\*

City & State

21

22

23

24

Zip

C & R INTERNATIONAL CALLING CARDS, CORP.

Country

9. Name and Address of Current Registered Agent

	Principal Place of Business .	
i	2535 WEST 70TH PLACE	
	HIALEAH FL 33016	

CHEVALIER, NELFA 1

4008 WEST 10TH COURT HIALEAH FL 33012 Mailing Address

2535 WEST 70TH PLACE HIALEAH FL 33016

2a. Mailing Address

City & State

28 Zip

29

Suite, Apt. #, etc.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90018 037 \*\*\*150.00

	DO NOT WRITE IN THIS SPACE							
3.	Date Incorporated or Qualifed 10/27/1998							
	FEI Number			-	Applied For			
6	5-0874770				Not Applicable			
5.	Certificate of Status Desired				5 Additional Required			
6.	Election Campaign Financing Trust Fund Contribution				00 May Be ed to Fees			
8.	This corporation owes the curre Personal Property Tax.	nt ye	ar Intangibi □ Y		<b>₽</b> No			
10.	Name and Address of New Re	egiste	red Agen	t	,			

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.

Country

82

83

City

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

30

agont. I a		ida Olaldicis.		
SIGNATURE		B		
40		Registered Agent signature required		DO 11. 40
12.	OFFICERS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	_ · ·	1.1 TITLE	Change	Addition
NAME	CHEVALIER, NELFA I	1.2 NAME		
STREET ADDRESS	4008 WEST 10TH COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP		
TITLE	VPS . □ DELETE	2.1 TITLE	Change	☐ Addition
NAME	CHEVALIER, ALBERTO B	2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 160074	2.3 STREET ADDRESS ^	المساوية والمستواف والمنافية والمنافية والمستواد	-
CITY-ST-ZIP	HIALEAH FL 33016-0001	2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	Change	Addition
NAME	<b>,</b>	3.2 NAME		•
STREET ADDRESS	•	3.3 STREET ADDRESS		
CITY-ST-ZIP	ı	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4. 2 NAME	,	
STREET ADDRESS		4.3 STREET ADDRESS		•
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE*	· Change	Addition
NAME		5.2 NAME		, ,
STREET ADDRESS	· ·	5.3 STREET ADDRESS		
CITY-ST-ZIP	•	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ 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 attackment with an address, with all other like empowered.

SIGNATURE

SIGNAL AND VPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

(305) 825-1833 Davime Phone #