

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90308 022 ***158.75

DOCUMENT # P99000070076

1. Entity Name
INKTEL BENEFITS COMMUNICATIONS SOLUTIONS INC.

Principal Place of Business 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE. MIAMI FL 33131	Mailing Address 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE. MIAMI FL 33131-1506
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13449 N.W. 42nd Avenue Suite, Apt. #, etc.	3. Mailing Address 13449 NW 42 AVE. Suite, Apt. #, etc. ATTN: CHIEF FINANCIAL OFFICER
City & State Miami, Florida 33054	City & State Miami, Fl.

4. FEI Number Applied For	Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>
-------------------------------------	---

Zip 33054	Country U.S.A.	Zip 33054	Country U.S.A.
---------------------	--------------------------	---------------------	--------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MURAI, WALD, BIONDO & MORENO, P.A.
 900 INGRAHAM BUILDING
 25 SOUTHEAST 2ND AVE.
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director/Chairman of the Board <input checked="" type="checkbox"/> Delete President	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jose R. Arriola, Jr.	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13449 NW 42nd Avenue	STREET ADDRESS	CITY-ST-ZIP Miami, F. 33054	CITY-ST-ZIP
TITLE Director/Vice President <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Eugenio Martinez	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13449 NW 42 Avenue	STREET ADDRESS	CITY-ST-ZIP Miami, Fl. 33054	CITY-ST-ZIP
TITLE Director/Secretary/Treasurer <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Lourdes Arriola	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13449 NW 42 Avenue	STREET ADDRESS	CITY-ST-ZIP Miami, Fl. 33054	CITY-ST-ZIP
TITLE VP/CFO/Assistant Secretary <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Robert Walters	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13449 NW 42 Avenue	STREET ADDRESS	CITY-ST-ZIP Miami, Fl. 33054	CITY-ST-ZIP
TITLE Assistant Secretary <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Rene V. Murai	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 25 S.E. 2nd Avenue, Suite 900	STREET ADDRESS	CITY-ST-ZIP Miami, Fl. 33131	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address with all other like empowered.

SIGNATURE: **Robert G. Walters** 2/10/00 305-685-7361 x417
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-72E034 (9/99)