Applied For

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 Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90046 045 ***150.00

DO NOT WRITE IN THIS SPACE

1000		
DOCUMENT # 1. Corporation Name	S04809	
TERATECH COMMUNICATION INC.		

Principal Place of Business Mailing Address 2906 SHIPPING AVENUE 2906 SHIPPING AVENUE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 Principal Place of Business
3+2.5 FRANTZ RD
COCOLUMN
Suite, Apl. #, etc. 2a. Mailing Address FRANTZ RD 3725

COCONUT GROVE FL 27 City & State City & State COCONUT GROVE 23 28 Zip Country Country U.SA 33133 USA 25 9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

Not Applicable 65-0221613 \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes

3. Date Incorporated or Qualifed

10/05/1990

4. FEI Number

10. Name and Address of New Registered Agent 81 Name KRALIEVITS, CHRISTOS 82 Street Address (P.O. Box Number is Not Acceptable) 2906 SHIPPING AVENUE **COCONUT GROVE FL 33133** 83 Zip Code 84 City 85

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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE ☐ Change 1.1 TITLE TITLE KRALIEVITS, CHRISTOS 12 NAME NAME 2906 SHIPPING AVENUE 1.3 STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 21 TITLE TITLE KRALIEVITS, CHRISTOS 2.2 NAME NAME 2906 SHIPPING AVENUE 2.3 STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 2, 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 arm 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-669-997/

CR2E034 (11/98)