FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S79131** **(6)**

1. Corporation Name
BUSINESS TELEPHONE REPAIR, INC.

Principal Place of Business	Mailing Address
12317 SW 12 STR PEMBROKE PINES FL 33025 US	12317 SW 12 STR PEMBROKE PINES FL 33025 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 16278 NW 21st Street
Suite, Apt. #, etc. 22
City & State 23 Pembroke Pines, FL
Zip 24 33028 Country 25 U.S.A.

2a. Mailing Address
26 16278 NW 21st Street
Suite, Apt. #, etc. 27
City & State 28 Pembroke Pines, FL
Zip 29 33028 Country 30 U.S.A.

4. FEI Number: 65-0286601 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CIUDAD, MARCIAL
12317 NW 12 ST.
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: Ciudad, Marcial
82 Street Address (P.O. Box Number is Not Acceptable): 16278 NW 21st Street
83
84 City: Pembroke Pines **FL** 85 Zip Code: 33028

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] PRESIDENT 04/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	CIUDAD, MARCIAL	1.2 NAME	Ciudad, Marcial
STREET ADDRESS	16165 NE 9TH PLACE	1.3 STREET ADDRESS	16278 NW 21st Street
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] MARCIAL CIUDAD PRESIDENT 04/26/95 (305) 432-8194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0116004 CP