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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S84492

(5)

1. Corporation Name

MOTA COMMUNICATIONS, INC.



Principal Place of Business

7891 W. FLAGLER ST
MIAMI FL 33144

Mailing Address

7891 W. FLAGLER ST
MIAMI FL 33144-2303

3. Date Incorporated or Qualified
10/03/1991

3a. Date of Last Report
05/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0290428

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

RODRIGUEZ, GIL
7795 W. FLAGLER ST.
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|----------------------|------------------|-------------------------------------|
| D | RODRIGUEZ, GIL | 12864 BISCAYNE BLVD. | N. MIAMI FL | <input type="checkbox"/> |
| D | RODRIGUEZ, RUTH A. | 12864 BISCAYNE BLVD. | N. MIAMI FL | <input type="checkbox"/> |
| D | RASH, JACKSON | 1001 BRINY | POMPANO BEACH FL | <input checked="" type="checkbox"/> |
| D | REY, FERNANDO | 1001 BRINY | POMPANO BEACH FL | <input checked="" type="checkbox"/> |
| D | HEFFLEY, ALBERT | 2166 NW 99TH WAY | CORAL SPRINGS FL | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------|---------|-------------------|----------------|---------------------------------|-----------------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

14. I do 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 included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

305-267-9040

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CR2E034 (9/96)