

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V57082 (2)
1. Corporation Name:
TEL OF MIAMI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 2 1996

Principal Place of Business

**7575 N.W. 82ND ST.
MEDLEY FL 33166**

Mailing Address

**2901 NW 34 ST
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

7575 N.W. 82nd St. Medley, FL 33166

4. FEI Number

65-0356743

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

County

25

Zip

29

County

30

8. This corporation has taken, for intangible tax under S. 199.022,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETASNE, CLAUDIO
3444 NE 167 ST
NO. MIAMI BCH. FL 33160**

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 of Agent or principal officer of corporation, agent, and the applicable)

(Signature of Registered Agent, signature required after November 1, 1991)

1991

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **P**
NAME **PETASNE, ROBERT**
STREET ADDRESS **3249 NE 169 ST.**
CITY, ST, ZIP **NORTH MIAMI BCH FL 33160**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **V**
NAME **PETASNE, LEON**
STREET ADDRESS **2041 NE 211 ST**
CITY, ST, ZIP **NO. MIAMI BEACH FL 33179**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **ST**
NAME **PETASNE, CLAUDIO**
STREET ADDRESS **3444 NE 167 ST**
CITY, ST, ZIP **NO. MIAMI BCH. FL 33160**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 **306-**
863-7200
Date (Signature) (Phone)