FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

AMENDED **1995**

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

APPROVED AND FILED

95 APR 21 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V69037

1. Corporation Name
Telephone World Enterprises, Inc.

Principal Place of Business / Mailing Address
12304 N.W. 7th Avenue, N.Miami, Florida 33168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/6/92	1/11/95

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0360818 ☐ 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	10. Name and Address of New Registered Agent
Bula, Claudio 12304 N.W. 7th Avenue North Miami, Fla. 33168	81 Name: Shariff Bula 82 Street Address (P.O. Box Number is Not Acceptable): 12304 N.W. 7th Avenue 83 84 City: North Miami **FL** 85 Zip Code: 33168

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 _____ DATE 4/14/95
(Typed or printed name of person signing as agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director/President	11 TITLE	President/Director	XX Change ☐ Addition
NAME	Bula, Claudio	12 NAME	Shariff Bula	
STREET ADDRESS	12304 N.W. 7th Avenue	13 STREET ADDRESS	12304 N.W. 7th Avenue	
CITY-ST-ZIP	North Miami, Fla. 33168	14 CITY-ST-ZIP	North Miami, Fla. 33168	
TITLE		21 TITLE	Vice President	☐ Change XX Addition
NAME		22 NAME	Claudio Bula	
STREET ADDRESS		23 STREET ADDRESS	12304 N.W. 7th Avenue	
CITY-ST-ZIP		24 CITY-ST-ZIP	North Miami, Fla. 33168	
TITLE		31 TITLE	Secretary	☐ Change XX Addition
NAME		32 NAME	Roxanne Insignares	
STREET ADDRESS		33 STREET ADDRESS	12304 N.W. 7th Avenue	
CITY-ST-ZIP		34 CITY-ST-ZIP	North Miami, Fla. 33168	
TITLE		41 TITLE	Treasurer	☐ Change XX Addition
NAME		42 NAME	Eunice Insignares	
STREET ADDRESS		43 STREET ADDRESS	12304 N.W. 7th Avenue	
CITY-ST-ZIP		44 CITY-ST-ZIP	North Miami, Fla. 33168	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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: _____ President 4/14/95 (305688-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #