

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0062639

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000042971

1. Corporation Name
 HOSPITALITY TELECOMMUNICATIONS FLORIDA, INC.

FILED

99 SEP 16 PM 3:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: 5130 NORTH FEDERAL HIGHWAY #3 FORT LAUDERDALE FL 33308
 Mailing Address: 5130 NORTH FEDERAL HIGHWAY #3 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4496 B Camino de la Plaza, Suite, Apt # etc. City & State: San Ysidro, CA, Zip: 92173, Country: USA

2a. Mailing Address: *same*
 27. Suite, Apt #, etc.
 28. City & State
 29. Zip
 30. Country

3. Date Incorporated or Qualified: 05/12/1998

4. FEI Number: 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 owes the current year Intangible Personal Property: Yes, No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: FL

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

Sign in ink, 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: PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRABOSKI, DAVID L		1.2 NAME: Gregorio Galicot	
STREET ADDRESS: 5130 NORTH FEDERAL HIGHWAY #3		1.3 STREET ADDRESS: 4496 B Camino de la Plaza	
CITY-ST-ZIP: FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP: San Ysidro, CA 92173	
TITLE: VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHRISTENSEN, SCOTT		2.2 NAME: Rafael Galicot	
STREET ADDRESS: 5130 NORTH FEDERAL HIGHWAY #3		2.3 STREET ADDRESS: 4496 B Camino de la Plaza	
CITY-ST-ZIP: FORT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP: San Ysidro, CA 92173	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME: Luis Maizel	
STREET ADDRESS:		3.3 STREET ADDRESS: 5560 La Jolla Blvd., Suite E	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP: La Jolla, CA 92037	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: 700002992267	<input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: -09/21/99--01029--017	
STREET ADDRESS:		4.3 STREET ADDRESS: ****\$50.00 ****\$50.00	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 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: Rafael Galicot, Secretary 9/9/99 (619) 428-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)