

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

**APPROVED  
AND  
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**95 MAY -1 AM 11:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**500001484115  
-05/11/95--01050--002  
\*\*\*5417.50 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # K67342 (1)**  
1. Corporation Name  
**PACIFIC INTERNATIONAL TELECOMMUNICATIONS, INC.**

Principal Place of Business      Mailing Address  
**11098 BISCAYNE BLVD  
SUITE 402  
MIAMI FL 33161-7406  
US**      **11098 BISCAYNE BLVD  
SUITE 402  
MIAMI FL 33161-7406  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/20/1989**      **05/01/1984**

2. Principal Place of Business      2a. Mailing Address

4. FEI Number      Applied For  
**65-0201112**       Not Applicable

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

22. City & State      27. City & State

6. Election Campaign Financing  
Trust Fund Contribution       **\$5.00 May Be  
Added to Fees**

23. Zip      Country      28. Zip      Country

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes       Yes       No

24.      25.      29.      30.

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**BEDZOW, MICHAEL  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA FL 33180**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of registration      (BOFF: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPT</b>	<b>BEDZOW, CHARLES</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11098 BISCAYNE BLVD</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE <b>DVS</b>	<b>BEDZOW, SARAH</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11098 BISCAYNE BLVD</b>	2.2 NAME	<b>BEDZOW, SARA</b>
STREET ADDRESS	<b>MIAMI FL</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE <b>DVA</b>	<b>SHAPIRO, HOWARD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11098 BISCAYNE BLVD</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		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		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 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)(k), 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 in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **4/18/95**      **591-7967**  
Signature and typed or printed name of signing officer or director      Date      Corporate File #