

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083781 (3)**

1. Corporation Name

TRESCOM INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
200 EAST BROWARD BLVD 19TH FLOOR FT LAUDERDALE FL 33301 US	200 EAST BROWARD BLVD 18TH FLOOR FT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/08/1993	3a. Date of Last Report 04/12/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0454571	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc. 21E Floor	Suite, Apt. #, etc. 21E Floor	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	24	25
23	28	29	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO	KLUGMAN, NORMAN	1.1 TITLE CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Norman Klugman	
STREET ADDRESS 520 NORTHLAND RIDGE COURT		1.3 STREET ADDRESS 7075 Queenferry Circle	
CITY - ST - ZIP ATLANTA GA		1.4 CITY - ST - ZIP Boca Raton, FL 33496	
TITLE COO	MCGLASHAN, RUDOLPH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 15830 NW 83 PLACE		2.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI LAKES FL		2.4 CITY - ST - ZIP	
TITLE CFO	BAUTISTA, RAY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Scott Drake	
STREET ADDRESS 8505 MENTEITH TR		3.3 STREET ADDRESS 22738 Horsehoe Way	
CITY - ST - ZIP MIAMI LAKES FL		3.4 CITY - ST - ZIP Boca Raton, FL 33428	
TITLE		4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Henry Kessel	
STREET ADDRESS		4.3 STREET ADDRESS 200 E Broward Blvd.	
CITY - ST - ZIP		4.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301	
TITLE		5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME J. S. Lewis	
STREET ADDRESS		5.3 STREET ADDRESS 200 E Broward Blvd.	
CITY - ST - ZIP		5.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301	
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 110.07(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 on an attachment with an address.

SIGNATURE:

Norman Klugman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Type or Print)