

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000083781 (3)**

1. Corporation Name:

TRESCOM INTERNATIONAL, INC.



Principal Place of Business:

**200 EAST BROWARD BLVD
21ST FLOOR
FT LAUDERDALE FL 33301
US**

Mailing Address:

**200 EAST BROWARD BLVD
21ST FLOOR
FT LAUDERDALE FL 33301
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

12/08/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0454571

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 agent 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 607.0305, Florida Statutes.

SIGNATURE

Signature (type or printed name of registered agent and the corporation)

Date (Registered Agent signature independent of corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KLUGMAN, NORMAN	
STREET ADDRESS	7075 QUEENFERRY CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	MGLASHAN, RUDOLPH	
STREET ADDRESS	15830 NW 83 PLACE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	DRAKE, SCOTT	
STREET ADDRESS	22738 HORSESHOE WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRESSEL, HENRY	
STREET ADDRESS	200 E. BROWARD BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, J.S.	
STREET ADDRESS	200 E. BROWARD BLVD.	
CITY - ST - ZIP	ST. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Read McNamara	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	200 E Broward Blvd.	
CITY - ST - ZIP	Ft. Lauderdale, FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Klugman, Norman	
1.3 STREET ADDRESS	Same	
1.4 CITY - ST - ZIP	Same	
2.1 TITLE	President / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wesley T. O'Brien	
2.3 STREET ADDRESS	200 E Broward Blvd.	
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William A. Paquin	
3.3 STREET ADDRESS	200 E Broward Blvd.	
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Douglas Karp	
4.3 STREET ADDRESS	200 E Broward Blvd.	
4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gary Mustbaum	
5.3 STREET ADDRESS	200 E Broward Blvd.	
5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Helen Seltzer	
6.3 STREET ADDRESS	200 E Broward Blvd.	
6.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	

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 deleted, or in an attachment with an address.

SIGNATURE:

W. Paquin - William A. Paquin

05/20/96

(954) 763-4000

CR2E034 (12/95)