

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000028088 (0)**

1. Corporation Name  
**TRESCOM U.S.A., INC.**



Principal Place of Business: **200 E BROWARD BLVD. FT. LAUDERDALE FL 33301**  
Mailing Address: **200 E BROWARD BLVD. FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **04/13/1994**  
3a. Date of Last Report: **06/23/1995**  
4. FET Number: **65-0497000**  
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

2. Principal Place of Business: 21, 22, 23, 24, 25  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85  
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**

Signature of typeholder printed name of registered agent or trustee

Signature of typeholder printed name of registered agent or trustee

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST KLUGMAN, NORMAN 200 E BROWARD BLVD. FT. LAUDERDALE FL 33301	<input type="checkbox"/> DELETE	1.1 TITLE D Klugman, Norman 200 E Broward Blvd. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP DRAKE, SCOTT 200 E BROWARD BLVD. FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P Wesley T. O'Brien 200 E Broward Blvd. Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D LEWIS, J.S. 200 E BROWARD BLVD. FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D Douglas Karp 200 E Broward Blvd. Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D KRESSEL, HENRY 200 E BROWARD BLVD. FT. LAUDERDALE FL 33301	<input type="checkbox"/> DELETE	4.1 TITLE CFO William A. Paguin 200 E Broward Blvd. Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 applicable on an attachment with an address.

SIGNATURE: *William A. Paguin* - William A. Paguin  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/96 Date: (954) 763-4000  
Date: (Daytime Phone #)

CR2E034 (12/95)