

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33301-1983**

3. Date Incorporated or Qualified <b>04/13/1994</b>	3a. Date of Last Report <b>05/29/1996</b>
4. FEI Number <b>65-0497000</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
24	30

9. Name and Address of Current Registered Agent  
**ABNEY, CHAN B ESQUIRE  
% TRESCOM INTERNATIONAL, INC.  
200 EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33301**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KLUGMAN, NORMAN</b>
STREET ADDRESS	<b>200 E BROWARD BLVD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WESLEY T. O'BRIEN</b>
STREET ADDRESS	<b>200 E BROWARD BLVD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DOUGLAS KARP</b>
STREET ADDRESS	<b>200 E BROWARD BLVD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KRESSEL, HENRY</b>
STREET ADDRESS	<b>200 E BROWARD BLVD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAM A PAQUIN</b>
STREET ADDRESS	<b>200 E. BROWARD BLVD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>WILLIAM A. PAQUIN</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SECRETARY</b>
6.3 STREET ADDRESS	<b>ANGELINA SOTO</b>
6.4 CITY-ST-ZIP	<b>200 E. BROWARD BLVD. FT. LAUDERDALE FL 33301</b>

14. I do 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:** *William A. Paquin* **WILLIAM A. PAQUIN** 2/14/97 (954) 627-10440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)