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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400028088

TRESCOM U.S.A., INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90196 007 ***150.00



200 e browar Ft. Lauderdai		200 E BROWARD BLVD. FT. LAUDERDALE FL 33301		·	
T. LAGUENDAI	E 1 E 35001	The experience to book		DO NOT WRITE IN TH	IS SPACE
		,		Date Incorporated or Qualified 04/13/1994	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
≕ '		26 1700 Old Mea	dames Re	L 65-0497000	Not Applicable
Suite, Apt.		Suite, Apt, #, etc.	are in the		\$8.75 Additional
2 3rd	<u>Fl.</u>	27 3rd F1.		5. Certificate of Status Desired	Fee Required
City & Stat 23 MCL	ean, VA	City & State 28 McLean V/		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 22	Country 10と 25 US	Zip 22102 30	TUS	This corporation owes the current year Personal Property Tax.	Yes 🗆 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent
			81 Name	Robert Stankey	
	EY, CHAN B ESQUIRE		82 Street	Address (P.O. Box Number is Not Acceptable)	
% TF	RESCOM INTERNATIONAL, INC.		62 Sileet	4601 Sheridan St.	1
200	EAST BROWARD BLVD.		83	4	
FT. C	AUDERDALE FL 33301			6 th F1.	
			84 City	Hollywood F	لا 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes, the	above-named	compration submits this statement for the purpose	of changing its registered
office or r	enistered agent or both in the State of	i Fiorida. Such change was authoru	zed by the corb	oration's board of directors. I hereby accept the ap	pointment as registered
agent. i a	m familiar with, and accent the obligation	ons or, Section 607.0505, Florida 5	iaiules.	. 211	26/99
SIGNATURE	Signature, typed or printed name of registered agent	ANOTE: Pagist	bred Agent signature	required when reinstating) DATE	
42	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE	S		1 TITLE	President	Change Addition
	SPOTO, ANGELINA		2 NAME	K Paul Strah	
NAME	200 E. BROWARD BLVD.		3 STREET ADDRESS	1700 old Meadow Rd.	ļ
STREET ADDRESS				Muean, VA 22102	
CITY-ST-ZIP	FT. LAUDERDALE FL		4 CITY-ST-ZIP		Denange Middition
TITLE	P	<u> </u>	1 TITLE	Secretary	Decimina
NAME	WESLEY T. O'BRIEN	ſ	2 NAME	Robert Stankey	}
STREET ADDRESS	200 E BROWARD BLVD.	2.	3 STREET ADDRESS	4601 Sheridan St.	}
CITY-ST-ZIP	FT. LAUDERDALE FL		4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	DELETE: 3.	1 TITLE	Vice President	- Change Addition
NAME	DOUGLAS KARP	3.	2 NAME	TI DOPA desta.	
STREET ADDRESS	200 E BROWARD BLVD.	3.	3 STREET ADDRESS	1700 OH Meadow Rd.	
CfTY-ST-ZIP	FT. LAUDERDALE FL	3	4. CITY-ST-ZIP	Milean, VA 22102	
TITLE	D	DELETE 4	1 TITLE	Treasurer	Change Addition
NAME	KRESSEL, HENRY	4.	2 NAME	Nest Hazard	1
STREET ADDRESS	A	4.	3 STREET ADDRESS	12 no old Meadow Rd.	
	FT. LAUDERDALE FL 33301	4	4 CITY+ST-ZIP	M. Lean, VA 22102	
CITY-ST-ZIP	D		1 TITLE	THE CASE OF THE PERSON OF THE	☐ Change ☐ Addition
NAME	O'BRIEN, WESLEY	- "	2 NAME	· ·	
			3 STREET ADDRESS		
STREET ADDRESS	I	UU	4 CITY+ST-ZIP		•
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1 TITLE		☐ Change ☐ Addition
TITLE					Countries Disoupoit
NAME			2 NAME		
		. .	3 STREET ADDRESS	1	

CITY-ST-ZIP . 14. I 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, with all other like empowered.