

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000049760 (9)

1. Corporation Name
INTERACTIVE TELECARD SERVICES, INC.



700001847577
-06/03/96--01029--042
***200.00

Principal Place of Business Mailing Address
**3250 MARY STREET
204
COCONUT GROVE FL 33133
US**

3. Date Incorporated or Qualified **07/06/1994** 3a. Date of Last Report **06/15/1995**
4. FEI Number **65-0503619** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **444 Brickell Avenue**
22 City & State 27 **#650**
23 Zip 28 **Miami, Florida**
24 Country 29 **33131** 30 **Dade**

9. Name and Address of Current Registered Agent
**HOFFMAN, COREY E.
3250 MARY STREET
SUITE 400
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent
81 Name **Ceballos-Weintraub, Claire**
82 Street Address (P.O. Box Number is Not Acceptable) **444 Brickell Avenue**
83 Suite **#650**
84 City **Miami** 85 Zip Code **FL 33131**

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 *Claire Weintraub-Ceballos* DATE **4/30/96**

12. OFFICERS AND DIRECTORS	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME CEBALLOS, CLAIRE W STREET ADDRESS 3250 MARY ST. #204 CITY - ST - ZIP MIAMI FL
TITLE PVTD <input checked="" type="checkbox"/> DELETE	NAME CEBALLOS, CLAIRE WEINTRA STREET ADDRESS 3250 MARY ST. #204 CITY - ST - ZIP MIAMI FL
TITLE SD <input checked="" type="checkbox"/> DELETE	NAME SOROTA, PAUL STREET ADDRESS 3250 MARY STREET #204 CITY - ST - ZIP MIAMI FL
TITLE D <input checked="" type="checkbox"/> DELETE	NAME FISCH, TODD STREET ADDRESS 3250 MARY ST. #204 CITY - ST - ZIP MIAMI FL
TITLE CHRM <input checked="" type="checkbox"/> DELETE	NAME WEINTRAUB, ALBERT STREET ADDRESS 3250 MARY ST. #204 CITY - ST - ZIP MIAMI FL
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ECKSTEIN, TODD STREET ADDRESS 3250 MARY ST. #204 CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME Ceballos-Weintraub, Claire 13 STREET ADDRESS 444 Brickell Avenue, #650 14 CITY - ST - ZIP Miami, Florida 33131
21 TITLE CFO/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	22 NAME D. Robert Lewis 23 STREET ADDRESS 444 Brickell Avenue, #650 24 CITY - ST - ZIP Miami, Florida 33131
31 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME Sorota, Paul 33 STREET ADDRESS 444 Brickell Avenue, #650 34 CITY - ST - ZIP Miami, Florida 33131
41 TITLE VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	42 NAME Brooks, Mark 43 STREET ADDRESS 444 Brickell Avenue, #650 44 CITY - ST - ZIP Miami, Florida 33131
51 TITLE C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME Weintraub, Albert 53 STREET ADDRESS 444 Brickell Avenue, #650 54 CITY - ST - ZIP Miami, Florida 33131
61 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME Eckstein, Todd 63 STREET ADDRESS 444 Brickell Avenue, #650 64 CITY - ST - ZIP Miami, Florida 33131

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 changed, or on an attachment with an address.

SIGNATURE: *Claire Weintraub-Ceballos* DATE **4/15/96** (305)392-8722

CR2E034 (12/95)