

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90032 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000022436

1. Corporation Name
INTERNATIONAL TELECOMMUNICATIONS MARKETING, INC.



Principal Place of Business
**5825 WILLOWBUD COURT
 ORLANDO FL 32807**

Mailing Address
**5825 WILLOWBUD COURT
 ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1998

4. FEI Number
59-3496987

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 627 CEDAR BEND CIRCLE

2a. Mailing Address
26 627 CEDAR BEND CIRCLE

Suite, Apt. #, etc.
22 Suite 201

27 **Suite 201**

City & State
23 ORLANDO FLORIDA

28 **Orlando, FLORIDA**

Zip Country
24 32825 **25**

29 **32825** **30 USA**

9. Name and Address of Current Registered Agent
**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
AMERILAWYER

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

83

84 City
CORAL GABLES FL

85 Zip Code
33134

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	PTD	<input type="checkbox"/> DELETE
NAME	NIAZY, AHMED NABIL	
STREET ADDRESS	5825 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NIAZY, NABIL AHMED	
STREET ADDRESS	5825 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUBBS, JASMINE	
STREET ADDRESS	5825 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NIAZI, AHMED NABIL	
1.3 STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
1.4 CITY-ST-ZIP	ORLANDO FL. 32825	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NIAZY, NABIL AHMED	
2.3 STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
2.4 CITY-ST-ZIP	Orlando FL. 32825	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TUBBS, JASMINE	
3.3 STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
3.4 CITY-ST-ZIP	Orlando FL. 32825	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: JASMINE TUBBS 3/22/99 (407) 380-9350

CR2524 (11/98)