


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<p style="font-size: 2em; font-weight: bold;">FILED</p> <p>97 APR 14 PM 1:43</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p>
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <p style="text-align: center; font-size: 1.5em; font-weight: bold;">DOCUMENT #200176</p> INTELK NORTH AMERICA, L.C. 5640 CORPORATE WAY W. PALM BEACH FL 33407		1a. Principal Place of Business Address 5640 CORPORATE WAY W. PALM BEACH FL 33407	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 1648 DONNA ROAD Suite, Apt. #, etc.		2a. Mailing Address 1648 DONNA ROAD Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33409		Zip 33409	
3. Date Organized or Qualified 01/23/1990		3a. State of Formation FL	
4. FEI Number 65-0178127		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/15/1996		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent BERENBAU, EDUARDO 5640 CORPORATE WAY W. PALM BEACH FL 33407		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1648 DONNA ROAD Suite, Apt. #, etc. City WEST PALM BEACH FL Zip Code 33409	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and hereby accept the obligations.			
SIGNATURE <i>[Signature]</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/11/97	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	INTEROTEL B.V,	WIJNHAVEN 3-3011WG	ROTTERDAM, NETHERLAND
M	INTELK INTERNATIONAL,	WIJNHAVEN 3,3011WG	ROTTERDAM, NETHERLAND
			900002143429--6 -04/15/97--01046--006 ****203.75 ****203.75
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		Date 4/11/97 (561) 687-3067	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	