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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004922 (8)

TELSCAPE USA, INC.

Principal Place of Business

Mailing Address

FILED Aug 07 1997 8:00am Secretary of State



4635 BOUTHWEST FREEWAY. SUITE 800 HOUSTON TX 77027			4635 SOUTHWEST FREEWAY. SUITE 800 HOUSTON TX 77027-7105				
					3. Date Incorporated or Qualified 09/24/1996	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26 6455 Eas	6455 East Johns Xing		76-0499077	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, otc. 27 Suite 28	to godina one		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28 Duluth, GA		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29 30097	30	USA	I	Yes 🔣 No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
	CORPORATION SYSTEM		'	Name			
1200 SOUTH PINE ISLAND ROAD			-	82 Street Address (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324		L				
			[4	33			
			\- -	34 City		85 Zip Code	
				City		FL S Z C C	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	0502 and 607.1508, Florida Stat ale of Florida, Such change wa digations of, Section 607.0505,	tutes, the ab- is authorized Florida Statu	ove-named corporation by the corporation test.	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered	
SIGNATURE							
	Signature typed or printed name of registered			Agant signature require		DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	CP COOTT	DELFTE	1.1 7(1)	1		Change Addition	
NAME	CRIST, E. SCOTT	NY AUTT AAA	1.2 NA	I			
STREET ADDRESS	4635 SOUTHWEST FREEWA	4Y, SUITE 800	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77027			(-ST-ZIP			
TITLE	VCV	DELETE	21 TITL			Change Addition	
NAME	VANCE, MARK	NI ALUTE AAA	2.2 NAA	¶€			
STREET ADDRESS	4635 SOUTHWEST FREEWA	AY, SUITE 800	2.3 STR	EFT ADDRESS			
CITY - ST - ZIP	HOUSTON TX 77027			Y-ST-ZIP			
TITLE	ST	DELETE	3.1 TITU			Change Addition	
NAME	TROUT, CYNTHIA		3.2 NAN	Æ [Į	
STREET ADDRESS	4635 SOUTHWEST FREEWA	ay, suite 800	3.3 STR	EET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77027		3.4. CIT	Y-SI-ZIP			
TITLE		DELETE	4.1 TITL	E		Change Addition	
NAME			4. 2 NAI	ME			
STREET ADDRESS			4.3 STR	EE1 ADDRESS			
CITY-ST-ZIP			4.4 CIT	/- ST-ZIP			
TITLE	-	DELETE	5.1 TITE	E		☐ Change ☐ Addition	
NAME			52 NAM	16			
STREET ADDRESS			53 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CH1	r-ST-ZIP			
TITLE		DELETE	6.1 TrTL			Change Addition	
NAME			6.2 NAN	, [
STREET ADDRESS			6.3 STR	EE1 ADDRESS			
CITY-ST-ZIP				7-\$1-ZIP			
44 1 de boso	and that the information over	tion to the state of the state	0.4 0111		in Continu 110 07/0/// Floride Statuto	a. I forther portify 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

(313)0120-CC120