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PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # F95000000254

1. Corporation Name: CAL COM INTERNATIONAL, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 201 ANSIN BLVD.	26 P.O. BOX 260
Suite, Apt #, etc 22	Suite, Apt #, etc 27 BUTTERFIELD SQUARE
City & State 23 HALLANDALE, FL	City & State 28 PROVIDENCIALES, TURKS & CAICOS ISLANDS
Zip 24 33009 / Country 25 USA	Zip 29 / BRITISH WEST INDIES

3. Date Incorporated or Qualified: 11-23-94
3a. Date of Last Report: NONE
4. FEI Number: 98-0143678 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: NORMAN LEVINE
82 Street Address (P.O. Box Number is Not Acceptable): 11401 BISCAYNE BLVD.
83
84 City: MIAMI FL 85 Zip Code 33181

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: [signature] NORMAN LEVINE DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE	1.1 TITLE C; 1.2 NAME I.M.M. MANAGEMENT, LTD.; 1.3 STREET ADDRESS THE BEATRICE BUTTERFIELD BLDG.; 1.4 CITY-ST-ZIP LEEWARD HWY: TURKS & CAICOS ISLANDS [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE	2.1 TITLE S; 2.2 NAME AINCORP, LTD.; 2.3 STREET ADDRESS THE BEATRICE BUTTERFIELD BLDG.; 2.4 CITY-ST-ZIP LEEWARD HWY: TURKS & CAICOS ISLANDS [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE	3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE	4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE	5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE	6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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3.22 M.M. 3-13-96

CR2E034 (12/95)

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: [signature] (809) 946-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

TIMOTHY P. O'SULLIVAN, CHAIRMAN & DIRETOR OF I.M.M. MANAGEMENT, LTD.