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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F95000000254 (1)

1. Corporation Name

CAL COM INTERNATIONAL COMPANY

Principal Place of Business

Mailing Address

11401 BISCAYNE BLVD.
MIAMI FL 33161-3410

11401 BISCAYNE BLVD.
MIAMI FL 33161-3410

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEVINE, NORMAN
SHELDON, RIBOTSKY AND LEVINE
11401 BISCAYNE BLVD.
MIAMI FL 33161-3410

305 895 0202

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 (typed or printed name of registered agent or officer or director) (Date) (Signature of Agent or Officer or Director) (Date)

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME I.M.M. MANAGEMENT LTD.
STREET ADDRESS PO BOX 260, BUTTERFIELD SQ., N/A
CITY-ST-ZIP PROVIDENCIALES

TITLE DS ☐ DELETE

NAME AINCORP LTD.
STREET ADDRESS PO BOX 260, BUTTERFIELD SQ., N/A
CITY-ST-ZIP PROVIDENCIALES

TITLE TIMOTHY P. O'SULLIVAN ☐ DELETE

NAME P.O. BOX 260 - PROVIDENCIALES, N/A
STREET ADDRESS TURKS & CAICOS ISLANDS, B.W.I.
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME Title listed per instructions
STREET ADDRESS by Mr. Levine.
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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 addition listed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

For: I.M.M. MANAGEMENT LTD. 11/6/96 305 895 0202
(Signature) N/A
NORMAN LEVINE

CR2E034 (12/95)