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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003239 (8)

1. Corporation Name  
PICK COMMUNICATIONS CORP.

Principal Place of Business  
155 ROUTE 46 WEST, 3RD FLOOR  
WAYNE NJ 07470

Mailing Address  
155 ROUTE 46 WEST, 3RD FLOOR  
WAYNE NJ 07470-6831

3. Date Incorporated or Qualified 06/26/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
75-2107261

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME LEIVA, DIEGO  
STREET ADDRESS 99 CHEYENNE WAY  
CITY-ST-ZIP WAYNE NJ

TITLE V  
NAME QUINN, KAREN M  
STREET ADDRESS 5535 NETHERLAND AVENUE  
CITY-ST-ZIP BRONX NY

TITLE VSD  
NAME BRENNAN, RAYMOND M  
STREET ADDRESS 139 W LAKE SHORE DR  
CITY-ST-ZIP ROCKAWAY NJ

TITLE VT  
NAME PETERSSEN, KARL R  
STREET ADDRESS 16 FRANKLIN PLACE  
CITY-ST-ZIP GLEN ROCK NJ

TITLE D  
NAME SAMS, ROBERT R  
STREET ADDRESS WOODHAMS FARM, OERRYMANS LA  
CITY-ST-ZIP ENGLAND

TITLE D  
NAME MARANON, RICARDO  
STREET ADDRESS 1400 STILLWATER DR  
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

SIGNATURE:

*Raymond Brennan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND BRENNAN  
VICE PRES.

Date

Daytime Phone #  
201-812-7425

0002639

CR2E034 (9/96)