

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90097 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003239

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

75-2107261

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **VT
BINGHAM, ROBERT S.**
STREET ADDRESS **118 MIDVALE RD**
CITY-ST-ZIP **MOUNTAIN LAKES NJ 07046**

TITLE ☐ DELETE

NAME **D
SAMS, ROBERT R**
STREET ADDRESS **WOODHAMS FARM, OERRYMAN'S LA**
CITY-ST-ZIP **ENGLAND**

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **DK
DIEGO LEIVA**
STREET ADDRESS **13635 DEERING BAY DR. #293**
CITY-ST-ZIP **CORAL GABLES FL 33158**

1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS **D
ALBERTO DELGADO**
1.4 CITY-ST-ZIP **7800 S.W. 56TH ST.
MIAMI FL 33155**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D
JOHN TYDEMAN**
2.3 STREET ADDRESS **18 PIETA CRESCENT**
2.4 CITY-ST-ZIP **MONAVALLE NSW 2103 AUSTRALIA**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **CEO
TOM MALONE**
3.3 STREET ADDRESS **1817 ST. BONIFACE ST.**
3.4 CITY-ST-ZIP **VIENNA VA 22182**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **V/CFO
JAMES SEASON**
4.3 STREET ADDRESS **22 CLOVER PL**
4.4 CITY-ST-ZIP **COS COR CT 06807**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
5.5 TITLE
5.6 NAME
5.7 STREET ADDRESS
5.8 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)