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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000002185 (3) DOCUMENT # 1. Corporation Name

TELCOA INTERNATIONAL CORP. Principal Place of Business Mailing Address 239 GLENVILLE ROAD 239 GLENVILLE ROAD **GREENWICH CT 06831 GREENWICH CT 06831** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1997 2. Principal Place of Business 21 8362 Cines 2a. Mailing Address 4. FEI Number Applied For 8362 Pines Blue 06-0889533 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \mathbf{X} 339 Suils. Fee Required 22 27 City sergie Cembroles Cives Fl \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 33025 U-SA U.5 A X Yes Personal Property Tax due June 30. Пνο 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LERMAN, CARLOS D ESQ. SMOLER, LERMAN, BENTE & WHITEBOOK PA 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST STE 2620 83 MIAMI FL 33131 ₽4 City Zip Code 85 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 optional statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DOLIN, ROBERT J 1.2 NAME NAME CR2E034 281 SO HOLLYBROOK DRIVE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33025-1229 1.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PETTRONELLA, BETTY JANE NAME 22 NAME 4 GLEN DRIVE STREET ADDRESS 2.3 STREET ADDRESS **SO SALEM NY** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 31 TITLE Addition TITLE KRELL, MORTIMERS NAME 32 NAME 4 MCKAY DRIVE STREET ADDRESS 3.3 STREET ADDRESS **TENNAFLY NJ 07670** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME

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 or explanation with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

8 800-080

Addition

FILED

Feb 18 1998 8:00am

Secretary of State