

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90014 034 \*\*\*163.75

**DOCUMENT # F97000004678**

1. Corporation Name  
**TRICOM USA, INC.**

Principal Place of Business

1 EXCHANGE PLACE  
SUITE 400  
JERSEY CITY NJ 07302  
US

Mailing Address

1 EXCHANGE PLACE  
SUITE 400  
JERSEY CITY NJ 07302  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

13-3927530

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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 VP ☐ DELETE  
NAME VARGAS, MIRIAM  
STREET ADDRESS AVE. LOPE DE VEGA #95  
CITY-ST-ZIP SANTO DOMINGO, DOM. REP.

TITLE V ☐ DELETE  
NAME CARLSON, CARL  
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95  
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE VSD ☐ DELETE  
NAME TRANCOSO MEJIA, MARCOS J  
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95  
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE VT ☐ DELETE  
NAME VARGAS, CARLOS  
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95  
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE V ☐ DELETE  
NAME TARRAGO, RAMON  
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95  
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE V ☐ DELETE  
NAME BARRY, PABLO  
STREET ADDRESS 1 EXCHANGE PLACE, SUITE 400  
CITY-ST-ZIP JERSEY CITY NJ 07302

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

*PABLO BARRY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

001-324-0078

Daytime Phone #

CR2E034 (11/98)