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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G11515

(5)

INTERNATIONAL BUSINESS TELEPHONE SYSTEMS, INC. Principal Place of Business Mailing Address 4700 HIATUS ROAD 4700 HIATUS ROAD SUITE 201 SUITE 201 SUNRISE FL 33351-7905 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 11/24/1982 05/01/1996 4. FEI Number 2. Principal Place of Business Applied For 450657 4700 HIATUS KOAD 59-2281407 Not Applicable 26 Suite Apt. #, etc Suite Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 201 Fee Required 27 6. Election Campaign Financing \$5.00 May Be DUNRISE **Trust Fund Contribution** Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032, BrowARD 29 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRYANT, LINDA 8640 NW 53 CT Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33351 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 5 greature Typed or printed hair e of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Change DELETE 1.1 TITLE TILLE BRYANT, LINDA 1.2 NAME NAME 8640 N.W. 53RD CT. 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 1.4 CITY-ST-ZIP CITY - \$1 - 20P DELETE Change ☐ Addition 2.1 TITLE TITLE 22 NAME NAM! 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-7IP DELETE Change Addition 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7/P ☐ DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-7/P THILL DELETE 6.1 TITLE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY - ST - ZIF

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 on an attachment with an address.

FILED

Apr 14 1997 8:00am

Secretary of State