## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** H65074 (7)

TELEPHONE COMMUNICATIONS USA, INC.  Principal Place of Business  Mailing Address  658 S MILITARY TRL  658 S MILITARY TRL								
	ARY TRL BCH FL 33442	658 S MILITARY TRL DEERFIELD BCH FL 334	42					
			, , <u></u>		3. Date Incorporated or Qualified 07/08/1985	3a. (Jate 04	/04/199	95
1	ace of Business	28. Mailing Address			4. FET Number		<b>⊢</b> +	Applied For
Suite, Apt. #, etc.		<b>26</b>			59-2559666		·	Not Applicable  Additional
22		27		5. Certificate of Status Desired			Required	
City & State		Oty & State		6. Election Campaign Financing			<b>0</b> May Be	
<b>23</b>	Country	<b>28</b>	Country		Trust Fund Contribution  8. This corporation has liability for			d to Fees
24	25	<b>├</b> ─¬ '	30		1 1-	intangisie tai □ No	UNIQER S	199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered A	gent	· · · · · · · · · · · · · · · · · · ·
			18	Name				
HOROWITZ, PAUL			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
2002 NW 53 ST BOCA RATON FL 33496			83					<del></del>
500/11	V110111 E 00100		84 0	Dity			85 Zij	p Code
				•	and the second s	FL		
familiar wi S:GNATURE	Signature, typed or printed name of registered ages		Registered Agent signal.		ation submits this statement for the pur d of directors. I hereby accept the app letter pristens: ADDITIONS/CHANGES TO OFF	DATE		
117.E	DP OFFICERS AF	DELETE	1 1 Tille	[	ADDITIONS/CHANGES TO OFF		Change	Add tion
NAME	HOROWITZ, PAUL		1.2 NAME			-	, 0 in igo	
STHEET ADDRESS	2002 NW 53 ST		1.3 STREET AD	ORESS				
CITY-\$1-7IP	BOCA RATON FL		1.4 CHY+SI+ZIF					
11"LF	\$	☐ DEFEIE	2 1 THILE				] Change	Add tion
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STHEFT ADDRESS	2002 NW 53 ST BOCA RATON FL		2 3 STREET AD 2 4 CHY-S1-2					
CHY-ST-ZIP TITUE	BOCA NATON FL	BUCA RATUN FL. 24		· .			Change	Addition
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STHEET ADDRESS			3.3 STREET AD	ORESS				
CHIV-ST ZIP			3 4 CITY - \$1 - 2	'IF				
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NAME			6.2 NAME				=	•
STREET ADDRESS			6 3 STREET AD	DRESS				
CITY - ST - ZIP			6.4 CITY-S1-7	rie				
14. Ldo hereb	by certify that the information supplied the information indicated on this and	I with this filing is voluntarily furnis	hed and does not report is true.	ot qualify fo	or the exemption stated in Section 119 to and that my signature shall have the	.07(3)(k), Flor	ida Statut	tes I further I made under

carrily that the mormation indicated on this arribal report of supplementar arriban report is rule and accurate and man my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation on 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.

SIGNATURE: Clause Hote

(305)360-0944