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

03-11-1999 90021 013 ***150.00

Mar 11, 1999 8:00 am Secretary of State

DOCUMENT # H65074

TELEPHONE COMMUNICATIONS USA, INC.

				•						
Principal Place of Business Mailing Address						}	E IMBINIT ATTM BIEST SITTI NOTEL TO			
606 S MILITARY TRL DEERFIELD 8CH FL 33442 US		606 S MILITARY TRL DEERFIELD BCH FL 33442 US			DO NOT WRITE IN THIS SPACE					
						1	Incorporated or Qualifed			
						_ · · · · · · · · · · · · · · · · · · ·	08/1985	<u> </u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For	
21		26				59-	<u>2559666 </u>			ot Applicable
Suite, Apt.	#, etc. — —	Suite, Apt. #,.etc			· · ·	5, Certi	ficate of Status Desired	= []	\$8.75 Fee Re	Additional equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
24	25	29 30	30			Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Nan	ne and Address of New	Registered	Agent	
					me					
HOROWITZ, PAUL			82	2 Str	eet Addres	e (D O B	ox Number is Not Accept	able).		
2002	NW 53 ST	s. d	"	7	1660		ARA CAS.	BLVD		
B06	A-RATON-FL-33496- 🌺 🏲 DDR	635 ONLY	83	3						
	,			<u> </u>		, _			To = 1 7%	Codo
			84	'I B	OVN	TO N	BEACH	FL	85 Zip	437
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					ned corpo	ration sub	mits 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.										
agent. i ar	m tamiliar with, and accept the obligate	ons of, Section 667.0505, Florida	Glatute	Э.						ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Age	ent signa	ture required v	when reinstati	ng)	DATE		
12.	OFFICERS AND		13.				TIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	HOROWITZ, PAUL		1.2 NAME				/I-A A A A A A C	D / 1/6		
STREET ADDRESS	2002 NW 53 ST		13 STREE	ET ADDR	ESS //	466	CARACAS	$D \sim V \mathcal{D}$	00.10	I
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-	ST-ZIP	\mathcal{B}	OUN	TON BOACH.	FL	3340)/
TITLE	S	☐ D€LETE	2.1 TITLE			- 1			Change	☐ Addition
NAME	HOROWITZ, ELAINE S.		2.2 NAME		1		6 4 4 4 4 4 6	72/	i/ N	1
STREET ADDRESS	2002 NW 53 ST		2.3 STREE	ET AODR	FSS //	666	CARACAS	PA	<i>V_D</i>	
	BOCA RATON FL		2. 4 CITY			BONLA	CARACAS 10N BOACH, CARACAS 170N BEAC	14.1-1-1	<u> </u>	/37
CITY-ST-ZIP	DOOR INTOITIE	☐ DELETE	3.1 TITLE			7)	Change	Addition
NAME			3.2 NAME						-	
STREET ADDRESS			3.3 STREI		FSS					
CITY-ST-ZIP			3.4. CITY-							Ì
TITLE		☐ DELETE	4.1 TITLE						Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	ET ADDR	ESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	_					
TITLE		☐ DELETÉ	5.1 TITLE				•		Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET ADDR	ESS					
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME			6.2 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 changes, or on an attachment with an address, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHAUSE THE SOURCE OF PRINTED NAME OF SIGNING OFFICER OF OFFICER OFFICER OF OFFICER O

12/9.9 SQ1-740-314

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2E034 (11/98)