

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

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pg 1 of 2

1997 JUL 24 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J03183
 1. Corporation Name
CRESCOMM TELECOMMUNICATION SERVICES, INC.

Principal Place of Business 201 S. Biscayne Boulevard Suite 1402 Miami, Florida 33131	Mailing Address 201 S. Biscayne Boulevard Suite 1402 Miami, Florida 33131
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3. Date Incorporated or Qualified 03/11/1986	3a. Date of Last Report 05/22/96
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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
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4. FEI Number 59-2675386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Robert B. Macaulay
201 South Biscayne Boulevard
Suite 1402
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Robert B. Macaulay **Robert B. Macaulay** **July 23, 1997**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D,P <input checked="" type="checkbox"/> DELETE
NAME	Poyck, Dr. Lon
STREET ADDRESS	201 South Biscayne Boulevard #1402
CITY-ST-ZIP	Miami, Florida 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	Senior, Peter W.
STREET ADDRESS	201 South Biscayne Boulevard #1402
CITY-ST-ZIP	Miami, Florida 33131
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Speetjens, Jose
STREET ADDRESS	201 South Biscayne Boulevard #1402
CITY-ST-ZIP	Miami, Florida 33131
TITLE	S <input type="checkbox"/> DELETE
NAME	Macaulay, Robert B.
STREET ADDRESS	201 South Biscayne Boulevard #1402
CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Benton, James F. III
1.3 STREET ADDRESS	201 South Biscayne Boulevard #1402
1.4 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002250516
2.3 STREET ADDRESS	-07/29/97--01059--013
2.4 CITY-ST-ZIP	****165.00 ****165.00
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Soliana, Ernest
3.3 STREET ADDRESS	201 South Biscayne Boulevard, Suite 1402
3.4 CITY-ST-ZIP	Miami, Florida 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Christiaan, Clift
5.3 STREET ADDRESS	201 South Biscayne Boulevard #1402
5.4 CITY-ST-ZIP	Miami, Florida 33131
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Robert B. Macaulay **Robert B. Macaulay** **July 23, 1997 (305) 358-9200**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

OLLE, MACAULAY & ZORRILLA, P.A.

ATTORNEYS AT LAW
1402 MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

(305) 358-9200
TELECOPIER (305) 358-9617
VIA UPS

E-MAIL: omzpa@miami-law.com
WEBSITE: www.miami-law.com

July 23, 1997

Division of Corporations
Annual Reports Section
409 East Gaines Street
Tallahassee, Florida 32399

Crescomm Telecommunication Services, Inc.

Ladies and Gentlemen:

Enclosed herein is the 1997 Florida Profit Corporation Annual Report. Please be advised that this office did not receive the preprinted 1997 Annual Report from your office, even though we completed the required information of changes on our 1996 Annual Report filed on or about March 22, 1996, a copy of which is attached hereto. Also, attached hereto is a copy of the corporate information we obtained from the Internet which shows that all requested changes were made from last year's filing except the proper mailing address.

Also enclosed is this firm's check in the amount of \$165 made payable to the Florida Secretary of State to cover the required filing fee if made on or before April 30, 1997.

Please make the required changes on your records so that we may avoid any miscommunication in 1998. If you have any questions please call me at my direct line (305) 530-3102.

Sincerely,

Robert B. Macaulay
Robert B. Macaulay

RBM:modr
Enclosures