

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J65107 (1)

1. Corporation Name
MERRIMACK TELECOMMUNICATIONS CORP.

Principal Place of Business

5849 OKEECHOBEE BLVD
STE 201
W PALM BCH FL 33417
US

Mailing Address

PO BOX 192830
SAN JUAN PR 00919-2830
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 02-0381370	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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	POFO	<input type="checkbox"/> DELETE
NAME	KUAPP, J BARCLAY	
STREET ADDRESS	150 E 58 STR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, GEORGE S.	
STREET ADDRESS	150 EAST 58 STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	LAUBASCH, RICHARD J.	
STREET ADDRESS	150 EAST 58 STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SHAPIRO, STEPHEN M.	
STREET ADDRESS	METRO OFFICE PARK NO. 6	
CITY-ST-ZIP	QUAYNABO PR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVILA, JOSE JUAN	
STREET ADDRESS	METRO OFFICE PARK NO. 6	
CITY-ST-ZIP	QUAYNABO PR	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	GORELICK, GREGG1	
STREET ADDRESS	340E WILSON BRIDGE ROAD	
CITY-ST-ZIP	WORTHINGTON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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

SIGNATURE REQUIRED

7/29/97

CR2E034 (4/97)