SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 24 1996 8:00 am
Secretary of State

DOCUMENT # **L36732** **(0)**

1. Corporation Name
IDS LONG DISTANCE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1736 HALLANDALE FL 33008-8336	P. O. BOX 1736 HALLANDALE FL 33008-8336

2. Principal Place of Business 21 1525 N.W. 167TH STREET	2a. Mailing Address 26 1525 N.W. 167TH STREET
Suite, Apt. #, etc 22 200	Suite, Apt. #, etc 27 200
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33169 Country 25	Zip 29 33169 Country 30

3. Date Incorporated or Qualified: 12/13/1989
3a. Date of Last Report: 02/01/1995
4. FEI Number: 65-0164149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLSTONE, BURRIS
2450 HOLLYWOOD BLVD
STE 702
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1525 N.W. 167TH STREET
83 SUITE 200
84 City: MIAMI FL 85 Zip Code: 33169

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 _____ Date 6/12/96
Signature, type or print name of registered agent, and title if applicable (NOTE: If registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLSTONE, BURRIS 2450 HOLLYWOOD BLVD, STE. 702 HOLLYWOOD FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 1525 N.W. 167TH STREET MIAMI, FLORIDA 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NOSHAY, MICHAEL 2450 HOLLYWOOD BLVD, STE. 702 HOLLYWOOD FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 1525 N.W. 167TH STREET MIAMI, FLORIDA 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLSTONE, JOE 2450 HOLLYWOOD BLVD, STE. 702 HOLLYWOOD FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 1525 N.W. 167TH STREET MIAMI, FLORIDA 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 300001875003 -06/25/96--01084--049 ***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/12/96 (305)620-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #