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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36732

(0)

IDS LONG DISTANCE, INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address					•		t indicati are tota stat alta inabe iaida tota	OLDLI BIERI BIBN AN		
1525 NW 167TH STREET			1525 NW 167TH STREET							
SUITE 200		SUITE 200								
MIAMI FL 3316	59	MIAMI FL 33	MIAMI FL 33169-5131							
							3. Date Incorporated or Qualified 12/13/1989	3a. Date of 1		port
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number			olied For
21		26					65-0164149			Applicable
Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22			27						ee Rec	·,.
City & State			City & State				6. Election Campaign Financing			May Be
23] Zip	Country	28 Zip	1	Countr		 	Trust Fund Contribution		dded to	
					untry		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No			
24	25 9. Name and Address of Current	Registered Age		30]			10. Name and Address of New Re			
AAN I	LSTONE, BURRIS			81	I Na	ame				
	5 NW 187TH STREET				<u> </u>					
	TE 200					reet Addres	ss (P.O. Box Number is Not Acceptab	łe)		
	MI FL 33169			83						
MILE	MI 1 L 00 100									
				84	l Ci	ty		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, F	Florida Statute	s, the abov	.⊥ ∕e⊬nai	med corpo	ration submits this statement for the p		aino its	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with land accept the obligat	of Florida, Such o	change was at	uthorized b	y the	corporatio	on's board of directors. I hereby accep	ot the appointme	ent as r	egistered
	and that will this booth the songe	nons or, execution	007.0000, 110	ALL CIGION	, G.					[
SIGNATURE	Signature, typied or ponted harne of registered ages	t and title if applicable	(NOTE	Registered Ag	ent sig	nature required	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	N 12
FILE	-		1.1 TITLE				C	nange	Addition	
NAME	MILLSTONE, BURRIS			1.2 NAME						
STREET ADDRESS	1525 NW 167TH STREET			1.3 SYREE	T ADDR	RESS				
CITY-ST ZIF	MIAMI FL 33169			1.4 CITY-	ST-ZIP	·				
TITLE	D\$		DELETE	2.1 TITLE				C	nange	Addition
NAM!	NOSHAY, MICHAEL			2.2 NAME		- 1				
STREET ADORESS	1525 NW 167TH STREET			2.3 STREE	T ADDR	RESS				
CITY: \$1-ZIP	MIAMI FL 33169			2. 4 CITY	ST-ZII	P				
TUTLE	VD		DELETE	3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	CI	ange	☐ Addition
NAMi	MILLSTONE, JOE			3.2 NAME						
STREET ADDRESS	1525 NW 167TH STREET			3.3 STREET ADDRESS		RESS				
CHY-ST-ZIP	MIAMI FL 33169			3.4. CITY-	S1 - Z1F	P				
TITLE		L	DELETE	4.1 TITLE					nange	Addition
NAME				4. 2 NAME		-				
STREET ADDRESS		4.3 \$		4.3 STREE	TADDE	TESS				
CHY-ST ZIP			7 00.00	4.4 CITY-	ST-ZIP	<u> </u>				
TPTEE		L	DELETE	5.1 TITLE				C	nange	Addition
NAMí				5.2 NAME						
STHEFT ADDRESS				5.3 STREE	ADDA T	TESS				
CITY - ST. 7IP			7 55.55	5.4 CITY-	\$T-ZIP	<u>' </u>				
TOLE		L	DELETE	6.1 TIFLE		ŀ			nange	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDR	TESS				

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 exponential properties of the exponential 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 exponential annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that