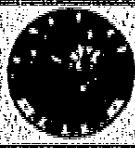


FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L89728 (4)

1. Corporation Name

DARTEL TELECOMMUNICATIONS, INC.

Principal Place of Business

**3708 GREENERY COURT, SUITE 106
TAMPA FL 33618**

Mailing Address

**3708 GREENERY COURT, SUITE 106
TAMPA FL 33618**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

2b Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 3a. Date of Last Report
07/24/1990 05/09/1994**

**4. FEI Number 4a. Applied For
59-3021419 Not Applicable**

**5. Certificate of Status Desired 5b. Additional Fee Required
□ \$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution 6b. \$5.00 May Be Added to Fees
□ □**

**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 7b. Yes 7c. No
X Yes □ No**

9. Name and Address of Current Registered Agent

**REPETA, DAVID A.
3708 GREENERY CT, SUITE 106
TAMPA FL 33618**

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 requirements of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID A. REPETA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

4/15/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REPETA, DAVID A.	1.2 NAME		
STREET ADDRESS	3708 GREENERY CT. #106	1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP		
TITLE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2.4 CITY - ST - ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		

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 110.07(3)(b), 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 Statute; and that my name appears in Block 12 or Block 13 (Change) or on an attachment with an address.

SIGNATURE: *DAVID A. REPETA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

(813)963-3278

Raymond Hines II