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PROFIT CORPURATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997
DOCUMENT # P28684

(9)

AMERICAN NETWORK EXCHANGE, INC.

## FILED Mar 06 1997 8:00am Secretary of State

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STE 100 ORLANDO FI US	ERNE CIR EL 32801	101 PARK AVE STE 2507 NEW YORK NY 10178-2 US	507		3. Date Incorporated or Qualified 03/29/1990	3a. Date of 04/30/	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 100 West	Lucer	<u>ne Cir</u>	r. 06-1303396		Not Applicabl
Suite, Apt	l #, etc.	Suite, Apt. #, etc.    27   Suite 10(	n		5. Certificate of Status Desired	1 1 7 "	3.75 Additional Fee Required
City & Sta	ate	City & State	<u></u>		6. Election Campaign Financing		5.00 May Be
23		Orlando,	FL		Trust Fund Contribution		Added to Fees
Zipi 24	Country 25	Zip 29 32801	Countr	y ange	8. This corporation has liability for i	ntangible tax u Yes \tag{\tag{No}}	
	9. Name and Address of Curre	I I	1001		10. Name and Address of New Re		
	nited corporate services, i Di northeast 167th street	NC.	81	1,0,7,0			***************************************
	UITE 300		8	2 Street Ad	ddress (P.O. Box Number is Not Acceptab	ile)	
NO	ORTH MIAMI BEACH FL 33162		83	3		****	
			84	4 City		FL 85	Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	pent and title of applicable (NC ND DIRECTORS	OTE. Registered A	geni signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIR	ECTORS IN 12
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. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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 of 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 attendment with an address.

SIGNATURE:

SNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

CHAmy S. Gross, Secretary

407/246-1234