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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:57

DOCUMENT # **P93000020825 (4)**

1. Corporation Name
TELECOM AMERICA COMMUNICATIONS CORP.

Principal Place of Business	Mailing Address
2101 CORP BLVD #206 BOCA RATON FL 33431	2101 CORP BLVD #206 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 2101 Corporate Blvd.	26 2101 Corporate Blvd.
Suite, Apt. #, etc. 22 SUITE 106	Suite, Apt. #, etc. 27 SUITE 106
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip / Country 24 33431 / 25	Zip / Country 29 33431 / 30

4. FEI Number: 65-0483083 ☐ 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	10. Name and Address of New Registered Agent
MORRIS, JAN M ESQ 2450 NE MIAMI GARDENS DR SUITE 103 NORTH MIAMI BEACH FL 33160	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	E ☒ Change ☐ Addition
NAME	MORRIS, RON	12 NAME	Joel Amstell
STREET ADDRESS	2101 CORP BLVD #206	13 STREET ADDRESS	2101 Corp. Blvd., Suite 106
CITY ST ZIP	BOCA RATON FL 33431	14 CITY ST ZIP	Boca Raton, Fl. 33431
TITLE	DP	21 TITLE	DS ☒ Change ☐ Addition
NAME	LEVINE, LARRY	22 NAME	Ron Morris
STREET ADDRESS	2101 CORP BLVD #206	23 STREET ADDRESS	2101 Corporate Blvd. Suite 106
CITY ST ZIP	BOCA RATON FL 33431	24 CITY ST ZIP	Boca Raton, Fl 33431
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 above, or on an attachment with an X in front.

SIGNATURE: Joel Amstell 4/4/95 407-994-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437100 FP