

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022676 (9)

1. Corporation Name

URSUS TELECOM CORPORATION

Principal Place of Business

440 SAWGRASS CORP PKWY
SUITE 112
SUNRISE FL 33325
US

Mailing Address

440 SAWGRASS CORP PKWY
SUITE 112
SUNRISE FL 33325
US



3. Date Incorporated or Qualified
03/23/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0398306

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEVIN, ARNOLD D
200 S BISCAYNE BLVD
33RD FLOOR
MIAMI FL 33131-2385

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PC	GUISSANI, LUCA	122 DILDO DR	MIAMI BEACH FL	<input type="checkbox"/>
V	CHASKIN, JEFFREY	9944 NW 48TH CT	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE
P. D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V. D		920 NW 121st Ave		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V. S		Gerasimos Koutoulas	11744 SW 59th Ct.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C. D		Axel L. M. Wend	1 Carrefour de Rive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		CH-1207 Geneva Switzerland		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		200001836132		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		-05/23/96--01011--033		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		***208.75		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luca Guissani
President

4-26-96

954-846-7887

Date

Daytime Phone #

CR2E034 (12/95)