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Secretary of State

04-23-1999 90031 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029257

Corporation Name
USA TELE CORP.

Principal Place of Business: **351 S. CYPRESS ROAD
SUITE 400
POMPANO BEACH FL 33060
US**

Mailing Address: **351 S. CYPRESS ROAD
SUITE 400
POMPANO BEACH FL 33060
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 273 S. STATE RD 7 Suite, Apt. #, etc. 22 PMB 278 City & State 23 MARGATE FL Zip Country 24 33068 25 USA		2a. Mailing Address 26 273 S. STATE RD 7 Suite, Apt. #, etc. 27 PMB 278 City & State 28 MARGATE FL Zip Country 29 33068 30 US		3. Date incorporated or Qualified 04/21/1993	4. FEI Number 65-0427612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent KIRKOVICH, MICHAEL 351 S. CYPRESS ROAD SUITE 400 POMPANO BEACH FL 33060		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 273 S. STATE RD 83 PMB 278 84 City MARGATE 85 Zip Code 33068	
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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 signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE P NAME ULLMAN, JEFFREY STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 400 CITY-ST-ZIP POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME KIRKOVICH, MICHAEL 1.3 STREET ADDRESS 273 S. STATE RD 7 # 278 1.4 CITY-ST-ZIP MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)