

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
Secretary of State
JENNIFER.B.MURPHY@FLDOE.GOV

DOCUMENT # P93000036511 (2)

1. Corporation Name

TELE-SWITCH AMERICA, INC.

Principal Place of Business

**21000 NE 28 AVE
SUITE 214
AVENTURA FL 33180**

Mailing Address

**21000 NE 28 AVE
SUITE 214
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation
05/18/1993

3a. Date of Last Report
02/18/1994

4. FFI Number
65-0413772

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 embezzlement under S. 1000.012
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State: April 1995

2a. Mailing Address

26. State: April 1995

22. City & State

27. City & State

23. Zip

24. County

28. Zip

29. County

24. Zip

25. County

29. Zip

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMOLEY, ROBERT A
21000 NE 28 AVE
SUITE 214
AVENTURA FL 33180**

81. Name

82. Street Address (P.O. Box Number, if Not Applicable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 220.01(2) and 220.01(3) Florida Statutes, the undersigned corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors, if applicable, or by the appointment of its registered agent. I am familiar with, and accept the provisions of, Sections 220.01(2) and 220.01(3) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

NAME	PD LASRY, JOHN
STREET ADDRESS	21000 NE 28TH AVE, STE 214
CITY, ST, ZIP	AVENTURA FL
NAME	VPD SMOLEY, ROBERT A.
STREET ADDRESS	21000 NE 28TH AVE, STE 214
CITY, ST, ZIP	AVENTURA FL
NAME	VPDS LASRY, RICHARD
STREET ADDRESS	21000 NE 28TH AVE, STE 214
CITY, ST, ZIP	AVENTURA FL
NAME	VPD LASRY, PASCAL
STREET ADDRESS	21000 NE 28TH AVE, STE 214
CITY, ST, ZIP	AVENTURA FL
NAME	VPD FRENKEL, NAHUM
STREET ADDRESS	21000 NE 28TH AVE, STE 214
CITY, ST, ZIP	AVENTURA FL
NAME	VPD SEBAG, ADRIEN
STREET ADDRESS	21000 NE 28TH AVE, STE 214
CITY, ST, ZIP	AVENTURA FL

NAME	Change	Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	Change	Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	Change	Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	Change	Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	Change	Addition
STREET ADDRESS		
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)(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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305-932-6440