FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

888 SOUTH ANDREWS AVENUE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037385

1. Corporation Name

Principal Place of Business

888 SOUTH ANDREWS AVENUE

LONG DISTANCE INTERNATIONAL INC.

FT LAUDERDA	LAUDERDALE FL 33432 FT. LAUDERDALE FL 33432			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
Ì					05/25/1993		
2. Principal F	Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	olied For
	4150 SW 28 24 WAY 26 4150 SW 8 1 1			/	65-0423006	Not	Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Rec	quired
City & Star	ie	City & State			6. Election Campaign Financing	\$5.00	May Be
23 FT LAUDERDALE FL 28 FT LAUDERDALE				۷.	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year li	ntangible	
24 333/	25 レSペ	29 333/2 30	US	FA	Personal Property Tax.		×No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
UNITED CORPORATE SERVICES, INC.				Street	Address (P.O. Box Number is Not Acceptable)		
801 NORTHEAST 167TH STREET				0110007			
SUITE 300							
NORTH MIAMI BEACH FL 33162						85 Zip C	'ode
			84	City	Fi	L 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of	of changing its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was auth	orized by	tne coroc	pration's board of directors. I hereby accept the appointment of the property	ointment as reg	jistered
agent. 1 a	am ramiliar with, and accept the obligat	IIDAS OI, Section 007.0303, Florida	o Glatutes.				
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	gistered Agen	it signature r	equired when reinstating) DATE		
12.		ID DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD DELETE		1.1 TITLE		PRESIDENT	★ Change	☐ Addition
NAME	/		1.2 NAME		DAVID HESS 4150 SW 28 M WAY		
STREET ADDRESS	CARA NE 45 OTDEET			ADDRESS	4150 SW 24 WAY		
CITY-ST-ZIP				14 CITY-ST-ZIP FT LANDERDALE, FL 333			
TITLE	\$D			21 TITLE V A		Change	Addition
NAME	FRIEDLAND, CLIFFORD		2.2 NAME		JAMES ROSE 4150 SW 28 24 WAY		
STREET ADDRESS	2545 BAY ROAD		2.3 STREET ADDRESS		4150 SW 28 2 WAY		
	MIAMI BEACH FL 33140		2. 4 CITY-ST-ZIP		FT LAUDERDALE FL 33312	<u> </u>	
CITY-ST-ZIP			3.1 TITLE			Change	☐ Addition
NAME	FELOS, MARILYN		3.2 NAME				
1	1010 OFFILE FALLS DE		3.3 STREET	ADORESS			
STREET ADORESS	WESTON FL 33327		3.4. CITY-S				
CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE	11-211		Change	Addition
	T		4. 2 NAME				
NAME	MESTEL LARRY		4. 2 IV-VVIC				

LEAWOOD KS 66211 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 suppliemental 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

1365 YORK AVE., APT. 30-C

NEW YORK NY 10021

KROHG, OLAF

123 SALEM ROAD

TOPSFIELD MA 01983

NESPOLA, RICHARD

11613 TOMAHAWKE CREEK PARKWAY, SUITE D

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z)P

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

Addition

☐ Addition

May 14, 1999 8:00 am Secretary of State

05-14-1999 90012 022 ***300.00

CR2E034 (11/98)