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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000038738 (9)

LONG DISTANCE COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 1005 NE 203RD TERRACE 1005 NE 203RD TERRACE MIAMI FL 33179 MIAMI FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1993 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 26 65-0423558 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PROCTOR, SCOTT 1005 NE 203RD TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33179 83 Zip Code 85 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Change Addition DELETE TITLE 1.1 PROCTOR, SCOTT 1.2 MЕ NAME 1005 NE 23RD TERRACE REET ADDRESS STREET ADDRESS MIAMI FL 33179 Y-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 ME SHER, CHARLES NAME 1005 NE 23RD TERRACE REET ADDRESS STREET ADDRESS **MIAMI FL 33179** ITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filling 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.

EDISCOTT PROCTOR

6.4 CITY - ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State

305-651-4919