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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000080596 (8)

1. Corporation Name

PREPAID TELECOMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business

9100 SOUTH DADELAND BLVD.
STE. 319
MIAMI FL 33156

Mailing Address

9100 SOUTH DADELAND BLVD.
STE. 319
MIAMI FL 33156-7819



3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0450128

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

21 9300 S. Dadeland Blvd

Suite, Apt. #, etc.

22 Suite 600

City & State

23 Miami, FL

Zip

24 33156

Country

25 DADE

2a. Mailing Address

26 9300 S. Dadeland Blvd

Suite, Apt. #, etc.

27 Suite 600

City & State

28 Miami, FL

Zip

29 33156

Country

30 DADE

9. Name and Address of Current Registered Agent

SHOEMAKER, J R
9100 SOUTH DADELAND BLVD.
STE. 319
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 9300 S. Dadeland Blvd. STE 600

84 City

MIAMI

FL

85 Zip Code

33156

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 ☐ DELETE

NAME SHOEMAKER, J R
STREET ADDRESS 9100 S. DADELAND BLVD. STE. 319
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME MCCLEAN, J P
STREET ADDRESS 14201 SW 83RD AVENUE
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

9300 S. Dadeland Blvd - STE 600
MIAMI, FL 33156

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

305-670-0393

Daytime Phone #

CR2E034 (9/96)