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FILED

Feb 18 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 # P93000083781 (3)

1. Corporation Name  
TRESKOM INTERNATIONAL, INC.



Principal Place of Business  
200 EAST BROWARD BLVD  
21ST FLOOR  
FT LAUDERDALE FL 33301  
US

Mailing Address  
200 EAST BROWARD BLVD  
21ST FLOOR  
FT LAUDERDALE FL 33301-1963  
US

3. Date Incorporated or Qualified 12/08/1993  
3a. Date of Last Report 05/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0454571  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABNEY, CHAN B  
200 EAST BROWARD BLVD  
21ST FLOOR  
FT LAUDERDALE FL 33301

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLUGMAN, NORMAN	
STREET ADDRESS	200 EAST BROWARD BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	COD	<input type="checkbox"/> DELETE
NAME	MCGLASHAN, RUDOLPH	
STREET ADDRESS	200 EAST BROWARD BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM A. PAGUIN	
STREET ADDRESS	200 E BROWARD BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRESSEL, HENRY	
STREET ADDRESS	466 LEXINGTON AVENUE	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARY NUSBAURN	
STREET ADDRESS	200 E BROWARD BLVD.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	READ MCNAMARA	
STREET ADDRESS	200 E BROWARD BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	CHIEF OPERATING OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM A. PAGUIN
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GARY NUSBAUM
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William A. Paguin* **WILLIAM A. PAGUIN** 2/14/97 (954) 763-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)