FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:46

DOCUMENT # **P94000000519 (6)**

1. Corporation Name
W T S TELCOM, CORP.

Principal Place of Business
680 N.E. 64TH ST.
#408
MIAMI FL 33138

Mailing Address
680 N.E. 64TH ST.
#408
MIAMI FL 33138

FOR FLORIDA DEPARTMENT USE ONLY

3. Date the corporation was formed: **01/04/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 25 S.E. 2nd Avenue
Suite, Apt. #, etc.
22 #1242
City & State
23 Miami Florida
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 25 S.E 2nd Avenue
Suite, Apt. #, etc.
27 #1242
City & State
28 Miami Florida
Zip 29 3313 Country 30 USA

4. FEI Number: 65-0457365 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** Ea. Be Added to Fees

8. This corporation has filed for affiliate transactions under Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ZORZI, CLAUDIO
680 N.E. 64TH ST.
#A-408
MIAMI FL 33138

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number 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:

12. OFFICERS AND DIRECTORS

TITLE	~~VP~~
NAME	ZORZI, CLAUDIO
STREET ADDRESS	680 N.E. 64TH ST. #A-408
CITY ST ZIP	MIAMI FL 33138

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE	President-Secretary	☒ Change	☐ Add
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE	Vice-President	☐ Change	☒ Add
NAME	Haritza Clemente		
STREET ADDRESS	18390 N.E Collins Avenue #1120		
CITY ST ZIP	North Miami Fl, 33160		
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Add
NAME			
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)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that the signature appearing below is the signature of a director, officer or agent of the corporation or the person authorized to do so on the corporation's behalf. I further certify that I am an officer or director of the corporation or the person authorized to do so on the corporation's behalf, and that the name appears in Block 12 or Block 13 if changed, with an affirmative mark and address.

SIGNATURE: Claudio Zorzi 2/21/95 371-7557

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

0148450 CP