FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

1996 JUL 15 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025450 (5)

1. Corporation Name
AMERICAN TELECARD, INC.

Principal Place of Business
1172 SOUTHE DIXIE HIGHWAY
SUITE 200
CORAL GABLES FL 33146

Mailing Address
1172 SOUTHE DIXIE HIGHWAY
SUITE 200
CORAL GABLES FL 33146

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: **03/30/1994**

3a. Date of Last Report: **10/13/1995**

4. FEI Number: **65-0506054** ☐ 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

9. Name and Address of Current Registered Agent

NELSON, CHRISTOPHER
1172 SOUTHE DIXIE HIGHWAY
SUITE 200
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: **Nelson, Christopher**
82 Street Address (P.O. Box Number is Not Acceptable): **1 SE 3rd Avenue, 27th Floor**
83
84 City: **Miami** **FL** 85 Zip Code: **33131**

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], Christopher Nelson 7/10/96
(Signature, typed or printed name of registered agent and date. Registered Agent signature required when listed.)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	NELSON, CHRISTOPHER	
STREET ADDRESS	12012 LONGWOOD GREEN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	DV	☐ DELETE
NAME	SCHAFFNER, BRYAN	
STREET ADDRESS	412 WILLAMAN DRIVE #504	
CITY-ST-ZIP	LOS ANGLES CA 90048	
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	VP/D	☒ Change ☐ Addition
1.2 NAME	Nelson, Christopher	
1.3 STREET ADDRESS	12012 Longwood Green Drive	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
2.1 TITLE	P/D	☒ Change ☐ Addition
2.2 NAME	Schaffner, Bryan	
2.3 STREET ADDRESS	1 SE 3rd Avenue, 27th Floor	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Orthwein, Christopher	
3.3 STREET ADDRESS	1 SE 3rd Avenue, 27th Floor	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****225.00 ****225.00

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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 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] 7/10/96 (305) 982-5644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christopher Nelson