

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 794000025450

1. Corporation Name

AMERICAN TELECARD, INC.

Principal Place of Business

Mailing Address

CHANGED

CHANGED

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1 SE 3RD AVE	26 1 SE 3RD AVE	3-30-94	7/15/96
22 27TH FL	27 27TH FL	4. FEI Number	Applied For
23 MIAMI FL	28 MIAMI FL	65-0506054	Not Applicable
24 33131	29 33131	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 DADE	30 DADE	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CHRISTOPHER NELSON
1 SE 3RD AVENUE, 27TH FL
MIAMI, FL 33131

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP, D	1.1 TITLE	100002160861-012
NAME	CHRISTOPHER NELSON	1.2 NAME	-05/01/97--01001-017
STREET ADDRESS	1 SE 3RD AVE, 27 FL	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-STATE-ZIP	MIAMI, FL 33131	1.4 CITY-STATE-ZIP	
TITLE	P.D	2.1 TITLE	
NAME	BRYAN SCHAFFNER	2.2 NAME	
STREET ADDRESS	1 SE 3RD AVENUE, 27 FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	
NAME	CHRISTOPHER ORTIZ	3.2 NAME	
STREET ADDRESS	1 SE 3RD AVE, 27TH FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(c), 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:

CHRISTOPHER NELSON, VP & DIRECTOR

4/29/97 (205) 982-5844
Date Daytime Phone

AD

CR2E034 (9/96)