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Sep 19 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 # P94000028267 (0)

1. Corporation Name  
STRATEGIC TELESYSTEMS, INC.

Principal Place of Business  
20533 BISCAYNE BLVD.  
#4-133  
AVENTURA FL 33180

Mailing Address  
20533 BISCAYNE BLVD.  
#4-133  
AVENTURA FL 33180-1529

3. Date Incorporated or Qualified  
04/13/1994

3a. Date of Last Report  
05/09/1996

2. Principal Place of Business  
21 2269 S. UNIVERSITY DR.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2269 S. UNIVERSITY DR.  
Suite, Apt. #, etc.

4. FEI Number  
65-0484634  
Applied For  
Not Applicable

22 # 246  
City & State

27 # 246  
City & State

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

23 DAVIE

28 DAVIE

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

24 FL 33324 25 BROWARD

29 FL 33324 30 BROWARD

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARLOWE, RONALD J  
2801 S. BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
801 SOUTH BISCAYNE BLVD.  
# 880, MIAMI CENTER  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME D SMITH, JASON  
STREET ADDRESS 11991 S.W. 15TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33025

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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]*

9/16/97

954-1153-2142

CR2E034 (9/96)