

4 25-97 B-5418 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000030953 (1)
1. Corporation Name
WORLD TELECOMMUNICATIONS SERVICES, INC.



Principal Place of Business 28 WEST FLAGLER STREET SUITE 709 MIAMI FL 33130	Mailing Address 28 WEST FLAGLER STREET SUITE 709 MIAMI FL 33130-1094
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/21/1994 3a. Date of Last Report 04/19/1996 4. FEI Number 65-0505807 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DE OLIVEIRA, ROBSON L 13205 SW 95TH AVE. MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9100 SW 140 STREET 83 84 City MIAMI FL 85 Zip Code 33176
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11. Pursuant to the provisions of Sections 607.0532 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	DE OLIVEIRA, ROBERTO L	12 NAME	
STREET ADDRESS	3159 MARY STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	33134
TITLE	VD	21 TITLE	
NAME	DOS SANTOS, ALEXANDRE F	22 NAME	
STREET ADDRESS	AV. BMG LUIN ANTONIO 2344 CJ11	23 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO-SP BRASIL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	OLIVEIRA, ERNANDES E	32 NAME	
STREET ADDRESS	R. MOLIERE, 224	33 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO SP-BRASIL	34 CITY-ST-ZIP	
TITLE	TSM	41 TITLE	
NAME	DE OLIVEIRA, ROBSON L	42 NAME	
STREET ADDRESS	13205 SW 95TH AVE.	43 STREET ADDRESS	9100 SW 140 STREET
CITY-ST-ZIP	MIAMI FL 33176	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)