

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000031169 (3)**

1. Corporation Name  
**ASSIST-PHONE INTERNATIONAL, INC.**



Principal Place of Business <b>1001 S BAYSHORE DR SUITE 2302 MIAMI FL 33131</b>	Mailing Address <b>1001 S BAYSHORE DR SUITE 2302 MIAMI FL 33131-4940</b>
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3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business 21 <b>1001 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE 2302</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33131</b> Country	2a. Mailing Address 25 <b>1001 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. 26 <b>SUITE 2302</b> City & State 27 <b>MIAMI, FL</b> Zip 28 <b>33131</b> Country	4. FEI Number <b>65-0499704</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>CADRECHE, ATILIO O 1001 S BAYSHORE DR SUITE 2302 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name <b>Cadrece, Atilio O.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1001 BRICKELL BAY DRIVE</b> 83 <b>Suite 2302</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33131</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CADRECHE, ATILIO O</b>		1.2 NAME <b>Nicolas Koglevich</b>	
STREET ADDRESS <b>1001 S BAYSHORE DR SUITE 2302</b>		1.3 STREET ADDRESS <b>1001 6th. Bayshore Drive</b>	
CITY-STATE-ZIP <b>MIAMI FL 33131</b>		1.4 CITY-STATE-ZIP <b>Miami FL</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AYALA MARIA LAJANDRA</b>		2.2 NAME <b>Atilio O. Cadrece</b>	
STREET ADDRESS <b>1001 S BAYSHORE DR STE 2302</b>		2.3 STREET ADDRESS <b>1001 6th Bayshore Drive</b>	
CITY-STATE-ZIP <b>MIAMI FL</b>		2.4 CITY-STATE-ZIP <b>Miami FL</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Padilla Sobeyda</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>1001 6th Bayshore Drive</b>	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP <b>Miami FL</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/97 (205) 381 9969  
Date Daytime Phone #

CR2E034 (9/96)