

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000034439 (7)

1. Corporation Name

TELAMERICA BUSINESS COMMUNICATIONS, INC.

Principal Place of Business

936 SW 8 ST  
MIAMI FL 33130

Mailing Address

936 SW 8 ST  
MIAMI FL 33130



|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 05/06/1994  | 08/14/1995                     |
| 4. FEI Number   | Applied For                    |
| 65-0491645  | 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

ACEVEDO, MIGUEL  
936 SW 8 ST  
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

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

*Miguel Acevedo*

MIGUEL ACEVEDO

4-30-96

Signature of Registered Agent and the corporation

(Signature of Registered Agent and the corporation)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                  |
|----------------------------|-------------------|---|------------------|
| TITLE                      | PSD               | 1. TITLE  | SECRETARY        |
| NAME                       | ACEVEDO, MIGUEL   | 2. NAME   | SOLANGE GONZALEZ |
| STREET ADDRESS             | 12455 SW 32 TER   | 3. STREET ADDRESS                                     | 12455 SW 32 TER  |
| CITY-STATE-ZIP             | MIAMI FL 33175    | 4. CITY-STATE-ZIP                                     | MIAMI, FL 33175  |
| TITLE                      | T                 | 5. TITLE  |                  |
| NAME                       | LOPEZ, SOLANGE    | 6. NAME   |                  |
| STREET ADDRESS             | 12455 SW 32 TER   | 7. STREET ADDRESS                                     |                  |
| CITY-STATE-ZIP             | MIAMI FL 33175    | 8. CITY-STATE-ZIP                                     |                  |
| TITLE                      | VD                | 9. TITLE  |                  |
| NAME                       | BOCANEGRA, SERGIO | 10. NAME  |                  |
| STREET ADDRESS             | 1350 SW 125 CT    | 11. STREET ADDRESS                                    |                  |
| CITY-STATE-ZIP             | MIAMI FL 33184    | 12. CITY-STATE-ZIP                                    |                  |
| TITLE                      |                   | 13. TITLE   |                  |
| NAME                       |                   | 14. NAME  |                  |
| STREET ADDRESS             |                   | 15. STREET ADDRESS                                    |                  |
| CITY-STATE-ZIP             |                   | 16. CITY-STATE-ZIP                                    |                  |
| TITLE                      |                   | 17. TITLE   |                  |
| NAME                       |                   | 18. NAME  |                  |
| STREET ADDRESS             |                   | 19. STREET ADDRESS                                    |                  |
| CITY-STATE-ZIP             |                   | 20. CITY-STATE-ZIP                                    |                  |
| TITLE                      |                   | 21. TITLE   |                  |
| NAME                       |                   | 22. NAME  |                  |
| STREET ADDRESS             |                   | 23. STREET ADDRESS                                    |                  |
| CITY-STATE-ZIP             |                   | 24. CITY-STATE-ZIP                                    |                  |

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)(k), 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:

*Miguel Acevedo*

MIGUEL ACEVEDO

4-30-96

305-858-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (12/95)