

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # P94000057560 (2)**

1. Corporation Name

COMMUNICATIONS OF AMERICA NETWORK EXCHANGE, INC.

Principal Place of Business

**125 SO. CONGRESS AVENUE
DELRAY BEACH FL 33445**

Mailing Address

**125 SO. CONGRESS AVENUE
DELRAY BEACH FL 33445**

95 MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 4731 West Atlantic Ave

2a. Mailing Address

26 P.O. Box 7959

4. FEI Number

65-0508516

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #1

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**

Zip

24 33445

Country

25 Palm Beach

Zip

29 33482-7959

Country

30 Palm Beach8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BAUER, GERRY
125 SO. CONGRESS AVENUE
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4731 West Atlantic Avenue

83 #1

84 City **DELRAY BEACH****FL**85 Zip Code **33445**

11. Pursuant to the provisions of Sections 607.0302 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 transferring)

DATE

4-28-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**CEO
STANLEY GILMANOIS
4731 West Atlantic Ave #1
Delray Beach FL 33445**☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY GILMANOIS CEO**4-28-95****407-499-1550**

Date

(Optional Phone #)