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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000070428 (5)

TELECOM NETWORK, INC.

Principal Place of Business

Maing Address

2201 W SAMPLE RD BLDG 9/1A POMPANO BEACH FL 33073 2201 W SAMPLE RD BLOG 9/1A POMPANO BEACH FL 33073



3a. Date of Last Report

03/15/1995

3. Date Incorporated or Qualified

09/22/1994

2. Principal Plac	cipal Place of Business 2a. Mailing Address					iber		T A	pplied For
21 1761 6	WILLISBARO BLID	26			6	5-0518863			lot Apolicable
Suite, Apl. #.	, etc.				5. Certifica	te of Status Desired			Additional tequired
City & State	City & State OEERFIELD BENCH FL28					Campaign Financing nd Contribution			May Be
Z01 / C	Country	Z _(p)	Cou	ntry	8. This cor	poration has liability for	intangible tax		
24 33442 25 USA 29 30				,	Florida S	Statutes	s ∐No		
T 1 T		10. Name a	and Address of New I	Registered A	gent				
				81 Name 50	SOILLEUX STEPHANG				
2201 W SAMPLE RD BLDG 9/1A				82 Street Address (P.O. Box Number is Not Acceptable) 1761 W HILLIS BORD BLUD					
				83 5'0176	= 401	1,500.0.			
				84 City DEE	RTIELD	BEACH	FL	85 39	Sode 442
or registere	o the provisions of Sections 607.0502 an ed agent, or both, in the State of Florida	Such change was authorize	ed by the c	ve-named corpora corporation's board	ation submits the dord directors.	nis statement for the pu hereby accept the app	irpose of chan pointment as re	ging its re egistered	gistered office agent. I am
familiar with SIGNATURE	in and accept the obligations of Section	607.0505, Florida Statutes. STEPHATE the rappleane (NO		608			03/	05/8	26
	Styrial activised or printed runne of registarical agent and			Agent signature required	when reinstating)	NICYCLIANICEO TO CE			DO IN 12
12.	OFFICERS AND D	IRECTORS DELETE	13.		ADDITIC	NS/CHANGES TO OF		Change	RS IN 12
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14 1 do hoson	l y certify that the information supplied with	i this filing is voluntarily furn	ished and	does not qualify for	or the exemption	on stated in Section 11	9.07(3)(k), Flori	ida Statut	es. I further
certify that!	the information indicated on this annual Lam an officer or director of the corporat Black 12 or Black 13 if changed, or on	report or supplemental ann ion or the receiver or truste	ual report e empowe	is true and accura	te and that my	signature shall have th	e same legal e	iffect as if	made under

SIGNATURE: SIGNATURE: STEPLINE SOLLE