FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075477

1. Corporation Name
Transglobal Telcom, Inc.

Principal Place of Business	Mailing Address
21000 N.E. 28th Avenue, Miami, FL 33180	Same

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: October 14, 1994
3a. Date of Last Report:

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

4. FEI Number: 65-0531138 ☐ Applied For ☐ 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	10. Name and Address of New Registered Agent
Ronald J. Marlowe 2601 S. Bayshore Drive, 19th Floor Miami, FL 33133	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: Michael Pardes
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director, President	11 TITLE	☒ Change ☐ Addition	
NAME	Michael Pardes (Abraham)	12 NAME		
STREET ADDRESS	21000 NE 28th Ave,	13 STREET ADDRESS	Suite 202	
CITY-ST-ZIP	Miami, FL 33180	14 CITY-ST-ZIP		
TITLE	Director, Vice President	21 TITLE	☒ Change ☐ Addition	
NAME	Ted Liebowitz	22 NAME		
STREET ADDRESS	21000 NE 10th Ave,	23 STREET ADDRESS	Suite 202	
CITY-ST-ZIP	Miami, FL 33180	24 CITY-ST-ZIP		
TITLE	Director, Sec., Treasurer	31 TITLE	☒ Change ☐ Addition	
NAME	Howard Markowitz	32 NAME		
STREET ADDRESS	21000 NE 28th Ave,	33 STREET ADDRESS	Suite 202	
CITY-ST-ZIP	Miami, FL 33180	34 CITY-ST-ZIP		
TITLE	Director, Vice President	41 TITLE	☒ Change ☐ Addition	
NAME	Michael Self	42 NAME	100001 4[illegible]084 -05/03/95--01064--023 ****208.75 Suite 202 208.75	
STREET ADDRESS	21000 NE 28th Ave,	43 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33180	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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: Michael Pardes — Michael Pardes — 5/1/95 — (305) 932-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #