

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000075477 (7)

1. Corporation Name  
TRANSGLOBAL TELCOM, INC.

Principal Place of Business

21000 NE 28TH AVENUE  
SUITE 202  
NORTH MIAMI FL 33180  
US

Mailing Address

21000 NE 28TH AVENUE  
SUITE 202  
NORTH MIAMI FL 33180-1421  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARDES, ABRAHAM  
21000 NE 28TH AVENUE SUIT E202  
MIAMI FL 33180

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

04/15/1996

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

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

Signature, typed or printed name of registered agent and filed appropriately.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS PARDES, ABRAHAM  
CITY- ST- ZIP 21000 NE 28TH AVE SUITE 202  
NORTH MIAMI FL

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS MARKOWITZ, HOWARD  
CITY- ST- ZIP 21000 NE 28TH AVE SUITE 202  
NORTH MIAMI FL

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS SELF, MICHAEL  
CITY- ST- ZIP 21000 NE 28TH AVE SUITE 202  
NORTH MIAMI FL

TITLE ☒ DELETE

NAME DV  
STREET ADDRESS LIEBOWITZ, TED  
CITY- ST- ZIP 21000 NE 28TH AVE SUITE 202  
NORTH MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- 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

7/14/97

Secretary

7/14/97 12:28:00 PM

FILED  
Jul 24 1997 8:00am  
Secretary of State



CR2E034 (9/96)