

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082845 (6)

1. Corporation Name
BOBY TELECOM INC.

Principal Place of Business
1161 FLATBUSH AVENUE
BROOKLYN NY 11226

Mailing Address
1161 FLATBUSH AVENUE
BROOKLYN NY 11226



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/09/1994		4. FEI Number 65-0551195		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DESSALINES, MAUDE 5414 N.E. 2ND AVENUE MIAMI FL 33137				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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CHERY, MARIE K	1.2 NAME	MARIE K. CHERY
STREET ADDRESS	180 E 17TH ST	1.3 STREET ADDRESS	3900 KINGS HWY 6C
CITY-ST-ZIP	BROOKLYN NY	1.4 CITY-ST-ZIP	BROOKLYN, NY 11234
TITLE	VP	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	EVEILLARD, PATRICK	2.2 NAME	
STREET ADDRESS	19325 NW 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	RHUA, ROBERT	3.2 NAME	ROBERT RHUA
STREET ADDRESS	RUE DU CENTRE 6-D	3.3 STREET ADDRESS	195 RUE DU CENTRE
CITY-ST-ZIP	PORT-AU-PRINCE HA	3.4 CITY-ST-ZIP	PORT-AU-PRINCE HAITI
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Wheeler*

2/10/98 700) 287-5295

CR2E034 (10/97)