

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90077 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000022274**

1. Corporation Name
BLACKSTONE CALLING CARD, INC.



Principal Place of Business 7900 NW 36 STREET SECOND FLOOR MIAMI FL 33166	Mailing Address 7900 NW 36 STREET SECOND FLOOR MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1995

4. FEI Number 65-0576903	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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City & State 23	City & State 28
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Zip 24	Country 25	Zip 29	Country 30
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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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARIAS, LUIS
 7900 N.W. 36TH STREET
 MIAMI FL 33166

81 Name BRIAN FINK ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable) CATLIN, SAXON, TUTTLE + EVANS, P.A.
83 169 E. FLAGLER STREET, #1700
84 City MIAMI
85 Zip Code FL 33131

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 Brian Fink (NOTE: Registered Agent signature required when reinstating) DATE 4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARIAS, LUIS		1.2 NAME Arias, Luis	
STREET ADDRESS 7900 NW 36 STREET SECOND FLOOR		1.3 STREET ADDRESS 7900 N.W. 36 Street 2nd FL	
CITY-ST-ZIP MIAMI FL 33166		1.4 CITY-ST-ZIP Miami FL 33166	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Brian Fink (NOTE: Registered Agent signature required when reinstating) DATE 4-28-99 DAYTIME PHONE # 305-639-9590

CR2E034 (1/98)