FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000026443 (8)

1. Corporation Name
PHONECHARGE SERVICE BUREAU, INC.

Principal Place of Business
21000 N.E. 28TH AVE.
SUITE 209
NORTH MIAMI FL 33180

Mailing Address
21000 N.E. 28TH AVE.
SUITE 209
NORTH MIAMI FL 33180

3. Date Incorporated or Qualified: 04/04/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc. 22 SUITE 202
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc. 27 SUITE 202
City & State 28
Zip 29 Country 30

4. FEI Number: 65 0582038 ☐ 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**

MARLOWE, RONALD J
2601 S. BAYSHORE DRIVE
MIAMI FL 33133

10. **Name and Address of New Registered Agent**

81 Name: MICHAEL PARDES
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~21000 NE 28TH AVE., SUITE 202~~
84 City: Miami FL 85 Zip Code: 33180

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* DATE: 3/19/96

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	D	☐ DELETE
NAME	PARDES, MICHAEL	
STREET ADDRESS	21000 N.E. 28TH AVE SUITE 209	
CITY-ST-ZIP	N MIAMI FL 33180	
TITLE	D	☐ DELETE
NAME	LIEBOWITZ, TED	
STREET ADDRESS	21000 N.E. 28TH AVE SUITE 209	
CITY-ST-ZIP	N MIAMI FL 33180	
TITLE	D	☐ DELETE
NAME	SEL, MICHAEL	
STREET ADDRESS	21000 N.E. 28TH AVE SUITE 209	
CITY-ST-ZIP	N MIAMI FL 33180	
TITLE	D	☐ DELETE
NAME	MARKOWITZ, HOWARD	
STREET ADDRESS	21000 N.E. 28TH AVE SUITE 209	
CITY-ST-ZIP	N MIAMI FL 33180	
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

Field	Entry	Change	Addition
1.1 TITLE	DP	☒ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS	SUITE 202		
1.4 CITY-ST-ZIP			
2.1 TITLE	DV	☒ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS	SUITE 202		
2.4 CITY-ST-ZIP			
3.1 TITLE	DV	☒ Change	☐ Addition
3.2 NAME	SELF, MICHAEL		
3.3 STREET ADDRESS	SUITE 202		
3.4 CITY-ST-ZIP			
4.1 TITLE	DST	☒ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS	SUITE 202		
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP	400001796644		
6.1 TITLE	-04/26/96--01087--005	☐ Change	☐ Addition
6.2 NAME	***208.75		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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* 3/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-26-96

CR2E034 (12/95)