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 # **P95000032862 (1)**

1. Corporation Name

TELESERVICES COMMUNICATIONS NETWORK, INC.

Principal Place of Business	Mailing Address
1108 PONCE DE LEON BLVD. CORAL GABLES FL 33134	1108 PONCE DE LEON BLVD. CORAL GABLES FL 33134

	3. Date Incorporated or Qualified	3a. Date of Last Report
	04/26/1995	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 CARLOS E. SANCHEZ	26	65-0579203	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc. 805 S.W 8TH STREET	27 Suite, Apt. #, etc. 805 S.W. 8TH STREET	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
23 City & State SUITE 2023 MIAMI, FL	28 City & State SUITE 2023 MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 33130 25 Country USA	29 Zip 33130 30 Country USA	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
FORS, JORGE L 1108 PONCE DE LEON BLVD. CORAL GABLES FL 33134	81 Name CARLOS E. SANCHEZ 82 Street Address (P.O. Box Number is Not Acceptable) 533 MADEIRA AVENUE 83 84 City CORAL GABLES FL 85 Zip Code 33134

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: CARLOS E SANCHEZ, CARLOS E SANCHEZ, PRES. FEB. 3/96
(NOTE: Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORS, JORGE L 11058 PONCE DE LEON BLVD. CORAL GABLES FL 33134 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT CARLOS E SANCHEZ 533 MADEIRA AVENUE CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT JOHN W. KIRBY 881 OCEAN DRIVE APT. 29B KEY BISCAYNE, FL 33149 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER RICHARD KIRBY K. 881 OCEAN DRIVE, APT. 29B KEY BISCAYNE, FL 33149 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: CARLOS E SANCHEZ FEB. 3/96 (305) 377-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
CARLOS E. SANCHEZ