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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000053449 (1)**

1. Corporation Name
GLOBAL/XCHANGE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
3649 ESTEPOMA AVE [redacted]	3649 ESTEPOMA AVE MIAMI FL 33178-2832

3. Date Incorporated or Qualified: 07/06/1995
3a. Date of Last Report: 10/30/1996

2. Principal Place of Business	2a. Mailing Address
21 8675 NW 53rd STREET	26 8675 NW 53rd STREET
Suite, Apt. #, etc. 22 SUITE 112	Suite, Apt. #, etc. 27 SUITE 112
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33166-4512 / 25 USA	Zip / Country 29 33166-4512 / 30 USA

4. FEI Number: 65-0604742 ☐ 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	10. Name and Address of New Registered Agent
MATTESICH, F 3649 ESTEPOMA AVE MIAMI FL 33178	81 Name: MATTESH, FRINEE 82 Street Address (P.O. Box Number is Not Acceptable): 8675 NW 53rd STREET 83 SUITE 112 84 City: MIAMI FL 85 Zip Code: 33166

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] DATE: 4/16/97
Signature of, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS MATTESICH, F 3649 ESTEPOMA AVE MIAMI FL 33178	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT, DIRECTOR MATTISH, FRINEE 8675 NW 53rd STREET SUITE 112, MIAMI, FL 33166	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTESICH, R R 3649 ESTEPOMA AVE MIAMI FL 33178	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CHAIRMAN, DIRECTOR MATTESICH, R 8675 NW 53rd STREET SUITE 112 MIAMI, FL 33166	☑ 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	V/T/S/D GANATRA, ANIL 8675 NW 53rd STREET SUITE 112, MIAMI, FL 33166	☐ 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 (9/96)

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: [signature] 4/16/97 (305)-594-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242443