## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000058815 (8)

1. Corporation Name

INTERNATIONAL TELEPHONE CALLING CENTERS, INC.

			,							
Principal Place	of Pusiness	Mailing Address				1 10011401 445 (616) 61111 921(1 \$511) 1			** ***** **** ****	
4300 NORTH UNIVERSITY DRIVE 4300 NORTH UNIVERSITY DRIVE										
SUITEE D-202		SUITEE D-202								
FORT LAUDERDALE FL 33351		FORT LAUDERDALE FL 33351			3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1995			Report		
-1 '	ace of Business	2a. Mailing Address				4. FEI Number 59 - 332 1214			Applied For Not Applicable	
(1)	U at	Suite. Apt. #, etc.				31-1721111			5 Additional	
Suite, Apt. #	, etc.	27				5. Certificate of Status Desired		<b>-</b>	Required	
City & State	3	City & State				6. Election Campaign Financing		\$5.0	00 May Be	
3		28				Trust Fund Contribution			ed to Fees	
Zip	Country	├-¬ ' ├-¬		Country		8. This corporation has liability for intangible tax under s 199.032				
25		29 30				Fiorida Statutes Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New H	egistereu	Main	-	
CODDOD	NATION SERVICE COMPANY									
	YS STREET		82 Street Addr			ress (P.O. Box Number is Not Acceptab	le)			
	ASSEE FL 32301-2525			83						
INCONIN	100CL   E 0200   EVEV		i		<del></del>			11 -		
				84	City		FL	<b>85</b> Z	lip Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ve-n	named corpor	ration submits this statement for the pur	pose of ch	anging its	registered office	
or registeri familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505, Florida Statutes	ed by the d i.	corpo	oration's boar	rd of directors. I hereby accept the app	ointment as	s registere	d agent. i am	
SIGNATURE .	Signature, typed or ponted hame of registered ager	Tand the napplicable (NC	OTE Registered	Agen	t signature require	id when reinstaling)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TILF	D	DELETE	1.17		Ç	hairman		Change	Addition	
NAME	JACKSON, JONATHAN	TOPET ANT GOG	1.2 N			Mario March 1452	u R	ACK		
STREET ADDRESS	11129 NORTHWEST 39TH S	IREET, APT. 202			ADDRESS 3	11 FIDO DR	,			
CITY - ST - ZIP	SUNRISE FL 33351	DELETE	1.4 CI 2 1 T		T-ZIP	T Taugeagair Pi	•	Change	TI Addition	
lijte muse	Lato Rack	☐ bett it	2 1 1 2 2 N		1	T faudredale Fl Phuid Ventura V 8 faflamue an vureabury CT	ومع			
NAME COUCCE ADDRESS					ADDRESS	8 fathanue m				
STREET ADDRESS					ST-ZIP	vaterbury CT				
CITY - ST - ZIP TUTUE	PROSIDENT	DELETE	3.17					Change	Addition	
NAME	PRESIDENT ARMAND VENTURA 8130 Cleany BI PLANTATION FE	1	3 2 N	AME						
STREET ADDRESS	\$130 Cleans Bi	WD # 1304	3 3 S	TREET	T ADDRESS					
C(1y - S1 - Z(f)	PLANTATION FL	7314	3 4 C	ITY-S	1 - ZiP					
TITLE		☐ DELETE 4		4. 1 TITLE				Change	■ Addition	
NAM's			4 2 N	AME						
STHEET ADDRESS			435	TREET	ADDRESS					
C-1Y-ST-Z:P					II-ZIP			C 0	T 1335	
TITLE		☐ DELETE	5 1 T					Change	Addition	
NAME			52N							
STHEE! ADDRESS					ADDRESS					
CITY - ST 7IP		DELETE	54C 61T		ST-ZIP			Change	☐ Addition	
TITLE NIABAS		[] percit	6.2 N						<u>ب</u>	
NAME STREET ADDRESS					ADDRESS					
CITY - ST - ZIP					ST-ZIP					
14 Lda barab	by certify that the information supplied	with this filing is voluntarily furi	nished and	doe	s not qualify t	for the exemption stated in Section 119	.07(3)(k), Fi	orida Stat	utes. I further	
certify that	t the information indicated on this and Lam an officer or director of the	puni report or supplemental and poration or the redeiver or truste	nual report se empowe	is tru red t	ue and accura to execute th	ate and that my signature shall have the ils report as required by Chapter 607. Fi	same lega orida Statu	il ellect as tes: and ti	irmade under hat my name	
appears in	n Block 12 or Block 13 if changed, or	on an attaching ont with an add	ress.				305	-		
CICNIAT	TUDE.	the				2/26/94	748-	303	12	
SIGNAT	UHE:	PRINTED NAME OF SIGNING OFFIC	ER OR DIREC	TOR		Date		Daytime Phon	e #	