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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000066424 (9)

1. Corporation Name
COMMTEL/USA, INC.



Principal Place of Business

2240 WOOLBRIGHT ROAD
SUITE 336
BOYNTON BEACH FL 33426

Mailing Address

2240 WOOLBRIGHT ROAD
SUITE 336
BOYNTON BEACH FL 33426-6365

3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

21 4175 E. BAY DRIVE

Suite, Apt. #, etc.

22 SUITE 260

City & State

23 CLEARWATER FL

Zip

24 34624

Country

25 PINELLAH

2a. Mailing Address

26 4175 E. BAY DRIVE

Suite, Apt. #, etc.

27 SUITE 260

City & State

28 CLEARWATER, FL

Zip

29 34624

Country

30 PINELLAH

4. FEI Number
65-0670040

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

BALSER, RAUL E
2240 WOOLBRIGHT ROAD
SUITE 336
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4175 E. BAY DRIVE

83

SUITE 260

84

City CLEARWATER

FL

85

Zip Code 34624

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HACKNEY, ROBERT C
STREET ADDRESS 2240 WOOLBRIGHT RD. #336
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE D ☐ DELETE
NAME FEIMAN, ROBERT
STREET ADDRESS 2240 WOOLBRIGHT ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE D ☐ DELETE
NAME BALSER, RAUL E
STREET ADDRESS 2240 WOOLBRIGHT ROAD
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4175 E. Bay Drive, Suite 260
2.4 CITY-ST-ZIP CLEARWATER - FL - 34624

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4175 E. Bay Drive, Suite 260
3.4 CITY-ST-ZIP CLEARWATER - FL - 34624

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar-3-97

(813) 524-1711

CR2E034 (9/96)