


**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90083 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000066994**

1. Corporation Name  
**TELECOMMODITIES, INC.**

Principal Place of Business 6921 NW 82ND AVE MIAMI FL 33166 US	Mailing Address 6921 NW 82ND AVE MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/29/1995</b>	
4. FEI Number <b>65-0614274</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent <b>POWER, KEVIN P 10124 N.W. 51ST TERRACE MIAMI FL 33178</b>	10. Name and Address of New Registered Agent 81 Name <b>Kevin P. Power</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3932 ADRA AVENUE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33178</b>
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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 607.0506, Florida Statutes.	
SIGNATURE <i>[Signature]</i> <b>3/29/99</b>	
12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>KEVIN POWER</b>
STREET ADDRESS	<b>10124 NW 51ST TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>MICHAEL REILLY</b>
STREET ADDRESS	<b>4980 NW 97 PINE</b>
CITY-ST-ZIP	<b>MIAMI FL 33178</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KEVIN POWER</b>
1.3 STREET ADDRESS	<b>3932 ADRA AVENUE</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MICHAEL REILLY</b>
2.3 STREET ADDRESS	<b>4980 NW 97 PINE</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other persons empowered.

SIGNATURE: SIGNATURE REQUIRED \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1-1798)