

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085324 (8)

1. Corporation Name

TEL AMERICA COMMUNICATIONS CORPORATION

Principal Place of Business

91 WEST MCINTYRE STREET, SUITE 200
KEY BISCAYNE BANK BUILDING
KEY BISCAYNE FL 33149

Mailing Address

91 WEST MCINTYRE STREET, SUITE 200
KEY BISCAYNE BANK BUILDING
KEY BISCAYNE FL 33149



2. Principal Place of Business
21 444 BRICKELL AVE
Suite, Apt. #, etc.
22 1021
City & State
23 Miami, FL
Zip
24 33131
Country
25 USA
2a. Mailing Address
26 444 BRICKELL AVE
Suite, Apt. #, etc.
27 1021
City & State
28 Miami, FL
Zip
29 33131
Country
30 USA

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

4. FEI Number

65-0629372

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

WAKEFIELD, THOMAS H
91 WEST MCINTYRE STREET, SUITE 200
KEY BISCAYNE BANK BUILDING
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 local applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DS	WAKEFIELD, THOMAS H	91 WEST MCINTYRE STREET, SUITE 200	KEY BISCAYNE FL 33149	<input type="checkbox"/>
P	FIORÉ, FRANK A	13499 BISCAYNE BLVD., SUITE 1410	NORTH MIAMI FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
PRESIDENT	FRANK FIORÉ	13499 BISCAYNE BLVD SUITE 1410	NORTH MIAMI, FL 33181	<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	LISA MAE MASTELLARI	91 WEST MCINTYRE ST. SUITE 200	MIAMI FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	JULIA GONZALEZ	444 BRICKELL AVE #1021	MIAMI FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied on 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 filing 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 both, in a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK FIORÉ

27/5/96

305-3731112

Date

Daytime Phone #

CR2E034 (12/95)