

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR -8 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006723 (6)

1. Corporation Name
MICRO CALL INC.



Principal Place of Business

Mailing Address

80 SOUTH BELCHER
SUITE 124
CLEARWATER FL 34625

50 SOUTH BELCHER
SUITE 124
CLEARWATER FL 34625-3903

2. Principal Place of Business

21 160 E. 56th St 7th Fl

2a. Mailing Address

26 160 E. 56th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7th Fl

27 7th Fl

City & State

City & State

23 New York, NY

28 New York, NY

Zip

Country

Zip

Country

24 10022

25

29 10022

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

4. FEI Number

59-3354457

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

10. Name and Address of New Registered Agent

81 Name NationsCorp Registered Agent, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave, Suite 200

83

84 City Tallahassee

FL

85 Zip Code 32301

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 HANAN, GUR

NAME
STREET ADDRESS
CITY-ST-ZIP
66 SUNNYSIDE PLACE
IRVINGTON NY 10533

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 hereof, or on an attachment with an address.

SIGNATURE

Hanan Gur - President 4/6/97 212-486-1200

CR2E034 (9/96)