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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063663 (4)

1. Corporation Name

CENSOUTH TELEPHONY, INC.

Principal Place of Business

6595 NW 36 STREET STE C-309
MIAMI FL 33166

Mailing Address

6595 NW 36 STREET STE C-309
MIAMI FL 33166-6979

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97 JUL -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

FOX, RICHARD C
3401 LAKEVIEW DRIVE
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified

07/30/1996

3a. Date of Last Report

4. FEI Number

65-0689838

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

STEWART A. MERKIN

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

444 BRICKELL AVE. SUITE 300

83

84 City

MIAMI

FL

85 Zip Code
33131

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 of person named as registered agent and title if applicable

STEWART A. MERKIN

(NOTE: Registered Agent signature required when resigning)

4-30-97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1. FOX, RICHARD C
3401 LAKEVIEW DR
DELRAY BEACH FL 33445

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. 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

DIRECTOR
MOLINO LANE
PECOS NM 87552

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PRESIDENT + DIRECTOR
DAVID A. SCHRIER
614 ALEDO AVE
CORAL GABLES, FL 33154

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

DIRECTOR
HARVEY JUDKOWITZ
14281 SW 74 TERRACE
MIAMI, FL 33183

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

DIRECTOR
MANUEL E. IGLESIAS
12300 OLD CUTLER RD
MIAMI, FL 33156

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

3000002229993-4
-07/03/97-01072-016
****165.00 ****165.00

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. 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

CR2E034 (9/96)