

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

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000066641 (7)**

1. Corporation Name

**ADVANCED GLOBAL TELECOMMUNICATIONS SERVICES, INC**

Principal Place of Business

**407 LINCOLN ROAD  
SUITE 28  
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD  
SUITE 28  
MIAMI BEACH FL 33139-3018**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>285 NW 199th St</b>		26 <b>285 NW 199th St</b>		08/09/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 <b>201</b>		27 <b>201</b>		65-0693116		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>Miami, FL</b>		28 <b>Miami, FL</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33169</b>		25 <b>USA</b>		29 <b>33169</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**STRATTON, DOUGLAS D  
407 LINCOLN ROAD  
SUITE 28  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name	<b>Thomas Cook</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>19999 E Country Club Dr #208</b>		
83			
84 City	<b>Aventura</b>	85 Zip Code	<b>33180</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>		Change <input checked="" type="checkbox"/> Addition	
NAME <b>STRATTON, DOUGLAS D</b>		1.1 TITLE <b>P</b>	
STREET ADDRESS <b>407 LINCOLN ROAD, SUITE 28</b>		1.2 NAME <b>Thomas Cook</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>		1.3 STREET ADDRESS <b>19999 E Country Club Dr #208</b>	
		1.4 CITY-ST-ZIP <b>Aventura, FL 33180</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

*Thomas Cook* *Thomas Cook*

2-7-97

CR2E034 (9/96)