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

DOCUMENT # P96000072746 (6)

U.S. PAYTEL, INC.

Principal Place of Business Mailing Address

FILED Jan 27 1997 8:00am Secretary of State



WEST PALM BEACH FL 33407			WEST PALM BEACH FL 33407-2045					
					3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last R	eport	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		A FEI Number	1/20 I IAP	plied For	
21		26			65-0690	148 / No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Considerate of Control Control	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State	2	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у	B. This corporation has liability for		199,032,	
24	25 29 30		30		Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED				81 Name				
343 ALMERIA AVENUE			8	82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134								
			8	3				
			84	City		FL 85 Zip (Code	
office or re	egistered agent, or both, in the l	7.0502 and 607.1508, Florida Statul State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized t	v the corpora	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing it	s registered registered	
SIGNATURE								
	Signature, typed or punted name of register			jent signature requ	ired when rainstating)	DATE	0.01.10	
12.	PTD OFFICER:	S AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TITLE	JOYCE, PAUL F	L DELETE	1.1 TITLE			[] Change		
EZAN CORRODATE WAY CHITE ON			1.2 NAME	į.				
STREET ADDRESS	WEST DALM DEACH ST 22407			T ADDRESS				
CITY+ST-7IP			1.4 CITY-			Change	Addition	
TITLE	ACOUNT OUT OF D		2.1 TITLE 2.2 NAME	i i		[] Ciralita	[_] Modition	
	EZAN CONDONATE WAY CHITE ON							
STREET ADDRESS	WEST DAIN BEACH EL 22407			T ADDRESS				
CiTY-ST-ZiP			2. 4 CITY			Change	Addition	
TITLE			3.1 TITLE	1		C Citalife	LI Addition	
NAME			3.2 NAME	1		•		
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP TITLE			34. CITY 41 TITLE			☐ Change	Addition	
NAME			4 2 NAM			onengo		
	1			l			ļ	
STREET ADDRESS				T ADDRESS				
CITY-ST-712 THLE	· · · · · · · · · · · · · · · · · · ·			ST-ZIP		Change	Addition	
NAME			5.1 TITLE 5.2 NAME			0,a,,go	,	
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE			Change	Addition	
TITLE	i	∟ vaca				Land Change	nonnon	
NAME		1 -	6.2 NAME					
STREET ADDRESS		$I \cap$	1	T ADDRESS				
CITY-ST-ZIP			64 City	SI-ZIP		·		

14. I do hereby certify that the information supplied with this ring 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 supplient and 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 roceiver of 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 opin attachment with an address.

SIGNATURE:

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 407 4785402 Date Daying Phone 8