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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF COUPORATIONS

1997

SIGNATURE:

DOCUMENT # P 96000 75/40
1. Corporation Name

FILED May 06 1997 8:00am Secretary of State

Trans-Call South America Communications, Inc.					
11013	Cur Sour 7 ma	, , , , , , , , , , , , , , , , , , , ,		}	· t
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B B		Adultina Aulutina		4	1
Principa' Placi	e of Business hitchall Drive	Mailing Address 1701, Whitel	hall Dain		
		I'vi, white	will prive		
# 105	tion, FL 33324	Swite 105	<u> </u>		in Countries of
Planta	tion, - L. 33324	Donatation	FL 83324	3, Date Incorporated or Qualified	\$a. Date of Last Report
•	·	1- juniarion,	, , ,	Sept. 10. 1990	gar bate of East report
9 Principal P	lace of Business	2a. Mailing Address		4, FE Number	
	idee of business	<u> </u>	1	65-0693695	Applied For Not Applicable
Suite: Apt.	# atc	Suite, Apt. #, etc.	1	02-0015015	
	W. EIG.		!	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			······································
—	e ·	 		6. Election Campaign Financing	\$5.00 May Be
23	I County	28 Zip	Country	Trust Fund Contribution	Added to Fees
Zip	Country	· · · · · · · · · · · · · · · · · · ·	 	8. This corporation has liability for	
24	[25]	Declared Appel	\$0		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
Leslie Alun Rozencwaig. By Name Michael Felden Krais, Esa. P.A.					
186	3 Avenue, Ste.	Gio	82 Street Addr	ess (P.O. Box Number is Not Acceptab	iei / /
•	,	7	12000	Biscaune Boul	evard
Miam	1,FL33/3/		83 C. J	220	
•••	,,		B4 City	200	les I 7:o Codo
			12/01	ni .	FL I AZY
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 ten tending the policy of the obligations of Sections 607.0502. Florida Statutes					
office or r	egistered arterit or both in the State	Horida Such change was	authorized by the corporati	on's board of directors, I hereby accep	of the appointment as registered
agest 18 Transfer but A Total Cept The Osligations of Section Contracts Priorities Statutes					
SIGNATORE	7 118	(NO	TE Registered Agent signature regular	ed when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	Director.	☐ DELETE	1.1 TITLE		Change Addition
NAMI			1.2 NAME		
	Maria Girod 2491 SW 82 Ave +	20/0			
STREET ADDRESS	sual sm of the	1	1.3 STREET ADDRESS		
CITY-ST-ZIF	Davie, FL 33324	DELETE	1.4 CITY - \$1 - ZIP		Channe de la Marian
TITLE	Secretary		2.1 TITLE		Change Addition
NAMÉ	Publo Glod	. nat-	2.2 NAME		
STREET ADDRÉSS	2491 SW 82 Ave. #		2.3 STREET ADDRESS	the second of th	A Company
CITY - ST - ZIP	Durie, FL 33324		2.4 CITY-ST-ZIP		
THLE	President.	☐ DELETE	3 F TITLE		Change Addition
NAME	Oscar Girod 1701 Whitehall Di		32 NAME	į.	
STREET ADDRESS	1701 Whitehall Di	1. # 105	3 3 STREET ADDRESS		
CITY-ST-ZIP	Plantation FL	33324	3.4. CITY-51-ZIP		
TITLE		DELETE	41 TOLE		Change Addition
NAME			4. 2 NAME	in a company of the c	and the second second
			4.9 STREET ADDRESS		
STREET ADDRESS				i i	
CITY - ST - ZIP		T I BELEVE	44 CITY-\$T-ZIP		
Trill		☐ DELETE	5.1 TITLE		Change Z Addition
NAME			5.2 NAME		AL Ellin
STREET ADDRESS			5.3 STREET ADDRESS		111 /1/4/
DITY-ST-ZIP			54 CITY-ST-ZIP		111741
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME	20000217: -05/09/970112	3852
STREET ADDRESS			6.3 STREET ADDRESS	-05/09/970112	3027
			64 CITY-ST-ZIP	***165.00	
14. I do bere	by certify that the information supplied	with this filing does not our	lify for the exemption stated	in Section 119.07(3Vi) Florida Statute	s. I further certify that the
14. I do hereby certify that the information supplied with this filling 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					
l am an c	micer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver of trustee empo- on an attachment with an ac-	werea to execute this repor Idress.	i as required by Unapter 607, Fiorida S	natures; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.					