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

PROFIT CORPORATION ANNUAL REPORT

1997

CARVO, CARYN G

4875 N. FEDERAL HWY., 7TH FL.

FT. LAUDERDALE FL 33308



FLORIDA DEPARTMENT OF STATE

Sandge B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079824 (4)

PHONE CARD INTERNATIONAL COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 2875 S. ORANGE AVE., STE. 500-415 2875 S. ORANGE AVE., STE. 500-415 ORLANDO FL 32808 ORLANDO FL 32806-5451 3. Date Incorporated or Qualified 3a. Date of Last Report 09/24/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution . Zip Country Country Z_ip 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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.

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83 84 City

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

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 1000002221311 DPST DELETE TITLE 1.1 TITLE DINARDO, JOSEPH NAME 1.2 NAME -06/24/97--01058--005 2875 S. ORANGE AVE., STE. 500-415 STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 ORLANDO FL 32806 CITY-ST-ZIP 1.4 CITY- \$1-2IP DELETE Addition TITLE Change 21 111(8 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-7P DELETE TITLE a 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City'-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELE 1E Addition Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CHY- \$1-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 it of anged or on an attachment with an address

APPROVED

97 JUN 20 PH 12: 1:0

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable