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Secretary of State
05-19-2000 90048 032 ***150.00

CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # P96000080118**

WORLDWIDE PHONECARD CORPORATION
11900 Biscayne Boulevard
Suite 700
Miami, Florida 33181

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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2a. Principle Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **09/26/96**
3a. Date of Last Report **02/03/99**

4. FEI Number **65-0889367**
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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$138.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER G. GRUBER, P.A.
9100 South Dadeland Blvd.
One Datan Center, Suite 910
Miami, Florida 33156

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

DATE

(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE **P/S/T/D**
1.2 NAME **Cary Krugly**
1.3 ADDRESS **11900 Biscayne Blvd., Suite 700**
1.4 CITY-ST-ZIP **Miami, FL 33181**
2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

1.1 TITLE
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2.1 TITLE
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4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I 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 further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Book 13, a change, or on an attachment with an address.

SIGNATURE

DATE

Print/Type Name of Signing Officer or Director:

Title(s)

Daytime Telephone Number

Cary Krugly

President/Director

(305) 981-0360