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Mar 22, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000085783

1. Corporation Name
TELECOM SERVICES INTERNATIONAL, INC.

Principal Place of Business

375 NW 88TH CT., #8
 MIAMI FL 33126

Mailing Address

11055 NW 89 TERR
 AMAR FL 33178
 US

2. Principal Place of Business

21 **16637 SCHEER BLVD.**

2a. Mailing Address

26 **16637 SCHEER BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **HUDSON, FL**

City & State

28 **HUDSON, FL**

Zip

24 **34667**

Country

25 **USA**

Zip

29 **34667**

Country

30 **USA**

3. Name and Address of Current Registered Agent

LONGARAY, MADELINE D
 8380 W. FLAGLER ST., #203
 MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name **ROBERT E. WIGGINS**
 82 Street Address (P.O. Box Number is Not Acceptable)
334 EAST LAKE RD., #336
 83 City **PALM HARBOR**
 84 State **FL**
 85 Zip Code **34685**

11. Pursuant to the provisions of Sections 607.0502 and 607.1601, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE **ROBERT E. WIGGINS**

DATE **3/18/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPT	CASTILLO, ELIZABETH M	8835 NW 3RD LN. #8	MIAMI FL 33128	☒
DVS	CASTILLO, FRANCISCO J	8835 NW 3RD LN. #8	MIAMI FL 33128	☐
D	SACADIN, ALBERT	8835 NW 3RD LN. #8	MIAMI FL 33128	☒
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP
12 NAME	ROBERT C. TODD
13 STREET ADDRESS	16637 SCHEER BLVD.
14 CITY-ST-ZIP	HUDSON, FL 34667
21 TITLE	DVS
22 NAME	ELIZABETH M. CASTILLO
23 STREET ADDRESS	16637 SCHEER BLVD.
24 CITY-ST-ZIP	HUDSON, FL 34667
31 TITLE	DT
32 NAME	DIANA R. SIMPINS
33 STREET ADDRESS	16637 SCHEER BLVD.
34 CITY-ST-ZIP	HUDSON, FL 34667
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 both attachments with an address with all other like empowered.

SIGNATURE: **ROBERT E. WIGGINS** REQUIRED

3/15/99

(727) 868-1883

CR2034 (11/98)