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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000003417 (7)

UNITED TELECARD CORP.

FILED Apr 30 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		1904/1906 1/10 10/16 100/1 00/16 00/17 00/17 00/17 00/17 00/17 00/17 00/17 00/17 00/17 00/17 00/17 00/17	(001 H011 1801 1801		
•		•					
20801 BISCAYNE BLVD. 20801 BISCAYNE BLVD. SUITE 424							
AVENTURA FL 33180		AVENTURA FL 33180		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				01/07/1997			
	Place of Business	2a. Mailing Address	C 1	4. FEI Number	Applied For		
27 9 9			Street	65-07/8625	Not Applicable		
Suite Apt.	#_etc.	Suite, Apt. #, etc.			75 Additional		
22 5 =	Floor	27 3 = Floor		- I	ee Required		
City & State		City & State	<u></u>		.00 May Be		
	wood, FC	28 Holywood	Country	· · · · · · · · · · · · · · · · · · ·	ided to Fees		
Zip 3 3	020 Country Broward	29 330 20 30	Country Broward	8. This corporation owes or has paid the current year. Personal Property Tax due June 30.	ar Intangible I		
24 5 5	9. Name and Address of Current		1 0000111-0	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	Z		
141	· 	Togratore Agent	81 Name	to. Ingillo and Addiese of from Hogistored Agonic			
	ALTZER, CRAIG A						
	801 BISCAYNE BLVD.		62 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 424 Suite 400-9			83 ()				
AVENTURA FL 33180			1° 501/e 400-9				
			84 City	 85	Zip Code		
44.5							
11, Pursuant office or r	t o the provisions of Sections 607.0502 realstered agent, or both, in the State o	and 607.1508, Florida Statutes, f Florida. Such change was auti	the above-named co horized by the corpo	orporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointme	ing its registered int as registered		
	m familiar with, and accept the obligati						
SIGNATURE							
	Signature, lyped or printed name of registered agent		egistered Agent signature re-	·	OTO DO 11 40		
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE		☐ Office			ange Las Audition		
NAME			1.2 NAME	JULIAN Siegel			
STREET ADDRESS			1.3 STREET ADDRESS	909 Tyler Street, 312 Floor			
CITY-ST-ZIP		Drugge	1.4 CITY - ST - ZIP	1011/2W000, FL 33020			
TITLE		☐ DELETE	2.1 TITLE	□ Ch	ange LJ Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		T program	2 4 CITY-ST-ZIP		T Addition		
TITLE		L_I DELETE	3.1 TATLE	Ch	ange L Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		Dr. 575	3.4. CITY-ST-ZIP		1 4 4 4 5 5		
TITLE		☐ DELETE	4.1 TITLE	Li Ch	ange 🔝 Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	l	☐ DELETE	5.1 TITLE	∟ Ch	ange L. Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS		į		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	}	DEL e te	6.1 TITLE	□ Ch	ange		
NAME			6.2 NAME		ļ		
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify the	at 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 oat; 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 on an attachment with an address.