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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 APR -8 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036011

1. Corporation Name
GLD, GROUP LONG DISTANCE, INC.

Principal Place of Business	Mailing Address
1451 W CYPRESS CREEK ROAD SUITE 200 FORT LAUDERDALE FL 33309	1451 W CYPRESS CREEK ROAD SUITE 200 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/21/1997

4. FEI Number
65-0747397
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AVILA, MANUEL A ESQ
2250 S.W. 3RD AVE
THIRD FLOOR
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Group Long Distance, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1451 West Cypress Creek Road
83: Suite 200
84 City: Fort Lauderdale FL 85 Zip Code: 33309

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.

SIGNATURE: [signature] Gerald M. Dunne Jr - President 1/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNNE, GERALD M JR		1.2 NAME		
STREET ADDRESS	1451 W CYPRESS CREEK RD, STE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RUSSO, PETER		2.2 NAME		
STREET ADDRESS	1451 W CPYRESS CREEK RD, STE. 200		2.3 STREET ADDRESS	"CPYRESS" s/be CYPRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HITNER, SAM		3.2 NAME		
STREET ADDRESS	1451 W CPYRESS CREEK RD, STE. 200		3.3 STREET ADDRESS	"CPYRESS" s/be CYPRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/7/99 (954) 771-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #