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

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PROFIT CORPORATION ANNUAL REPORT

1999

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

99 JUL 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000088111**

1. Corporation Name
GLOBAL TELECOM INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11214 PINES BOULEVARD #205 PEMBROKE PINES FL 33026 US	11214 PINES BOULEVARD #205 PEMBROKE PINES FL 33026 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1997

4. FEI Number
65-0787976

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

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

2. Principal Place of Business	2a. Mailing Address
21 348-Fairway	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23 FT Lauderdale, FL	28
Zip / Country	Zip / Country
24 33029 25 USA	29 30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if Applicable)

12. OFFICERS AND DIRECTORS			13. PSTD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	[X] DELETE	11 TITLE
NAME	ASAD, ISSA M		12 NAME
STREET ADDRESS	11214 PINES BOULEVARD #205		13 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33026		14 CITY-ST-ZIP
TITLE	C	[X] DELETE	21 TITLE
NAME	ASAD, ISSA		22 NAME
STREET ADDRESS	11214 PINES BLVD #205		23 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33026		24 CITY-ST-ZIP
TITLE		[ ] DELETE	31 TITLE
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

Bruce Drezner [X] Change [X] Addition
11214-pines Blvd #205
Pembroke Pines FL 33026
Chairman [X] Change [X] Addition
SAme as Above
Social Security #
349-38-8251 [ ] Change [ ] Addition

[ ] Change [ ] Addition

000002766521--3
-02/08/33--01014--004
****150.00 ****150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

7-29-99

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: Bruce Drezner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/98)