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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR -1 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101087

1. Corporation Name
RADIANT TELECOM, INC

Principal Place of Business	Mailing Address
1020 NW 163 DRIVE MIAMI, FL 33169	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/1/97

4. FEI Number: 65-0798535 [ ] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 1020 NW 163 DR	26 1020 NW 163 DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI, FL 33169	28 MIAMI, FLORIDA
Zip / Country	Zip / Country
24 33169 25 MIAMI-DADE	29 33169 30 MIAMI-DADE

9. Name and Address of Current Registered Agent

GREGORY BLODIG ESQ
100 WEST CYPRESS CREEK RD # 700
FT LAUDERDALE, FL 33309

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: _____ 3/1/99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHAIRMEN/PRESIDENT [ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	GUVEN KIVILCIM	12 NAME	
STREET ADDRESS	1020 NW 163 DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT [ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	ADRIANA RYAN	22 NAME	
STREET ADDRESS	1020 NW 163 DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	24 CITY-ST-ZIP	
TITLE	SEC/TREAS [ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	KENNETH JACOBI	32 NAME	
STREET ADDRESS	1020 NW 163 DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	34 CITY-ST-ZIP	
TITLE	DIRECTOR [ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	HUSEYIN KIZANLIKLI	42 NAME	
STREET ADDRESS	1020 NW 163 DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: _____ 3/1/99 954-357-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #