


FILED

Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90009 017 ***650.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000084449**1. Corporation Name
X-PLOR TELECOMS, INC.

Principal Place of Business	Mailing Address
1925 BRICKELL AVENUE SUITE D206 MIAMI FL 33129	1925 BRICKELL AVENUE SUITE D206 MIAMI FL 33129

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/01/1998
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BESU, ROGER
1925 BRICKELL AVENUE
SUITE D206
MIAMI FL 33129

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BESU, ROGER	
STREET ADDRESS	1925 BRICKELL AVENUE SUITE D206	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL C. ABELA	
1.3 STREET ADDRESS	25 Bradord Estates	
1.4 CITY-ST-ZIP	Bedfordview, South Africa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARTH A. COETSER	
2.3 STREET ADDRESS	34 Monkor Drive, Randpark Ridge	
2.4 CITY-ST-ZIP	Randburg, South Africa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anthony Rory Mapstone	
3.3 STREET ADDRESS	30 Liddesdale, Gibson Drive, Buccleuch	
3.4 CITY-ST-ZIP	South Africa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIMON Hudson	
4.3 STREET ADDRESS	1 Lavender Row, Darley Abbey	
4.4 CITY-ST-ZIP	Derby, DE 22 1DE, England	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHRIS SHENNAN	
5.3 STREET ADDRESS	Peartree Cottage, 1 Allington Road	
5.4 CITY-ST-ZIP	Sedgebrook, Grantham Lincolnshire NG 32	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Grant Salmon	
6.3 STREET ADDRESS	3 Aalwyn Crescent, Eldoraigine Ext 3	
6.4 CITY-ST-ZIP	South Africa	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Registered Agent & Attorney in Fact

8/20/99

Date

(202)-854-6363

Daytime Phone #

CR2E034 (1/1/98)

08261999-90009-017-\$650.00-\$650.00

ADDITIONAL DIRECTORS

D
Michal Andrew Smith
15 London Road
Mulbarton, England

D
William Mounce
England

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609722-90009-17