

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000093923

1. Corporation Name

WORLD ACCESS DISTRIBUTING CORPORATION

Principal Place of Business

6701 SUNSET DR. SUITE 103
SOUTH MIAMI FL 33143

Mailing Address

6701 SUNSET DR. SUITE 103
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

65-0572570

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐

Yes

No

2. Principal Place of Business

21 7267 NW 12 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

23 MIAMI FL 33126

Zip

Country

City & State

28 MIAMI FL 33124

Zip

Country

9. Name and Address of Current Registered Agent

CAGLE, PETER B
6701 SUNSET DR, SUITE 103
SOUTH MIAMI FL 33143

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CAGLE, PETER B
6701 SUNSET DR, SUITE 103
SOUTH MIAMI FL 33143
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
THOMAS, GWENDELINA
6701 SUNSET DR, SUITE 103
SOUTH MIAMI FL 33143
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RON DEVERA
8203 SW 160 ST
MIAMI FL 33157
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAOMI STOROB
8203 SW 160 ST
MIAMI FL 33157
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

B. 3/25/99 99AR

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

B. 3/25/99 99AR

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

NAOMI STOROB 1/2/99 305-257-8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)