


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

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S42518** (8)  
1. Corporation Name  
**INTERTOLL COMMUNICATION NETWORK CORPORATION**

Principal Place of Business <b>220 MIRACLE MILE SUITE 202 CORAL GABLES FL 33134</b>	Mailing Address <b>220 MIRACLE MILE SUITE 202 CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified <b>04/01/1991</b>		4. FEI Number <b>65-0252972</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>SPACE, SANDRA 220 MIRACLE MILE SUITE 202 CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 *Mario Suffern* **DIRECTOR** DATE **3/2/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>P SUFFERN, MARIO</b>				1.2 NAME <b>D SUFFERN MARIANO</b>			
STREET ADDRESS <b>220 MIRACLE MILE, #202</b>				1.3 STREET ADDRESS <b>220 MIRACLE MILE #202</b>			
CITY-ST-ZIP <b>CORAL GABLES FL</b>				1.4 CITY-ST-ZIP <b>CORAL GABLES FL</b>			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Mario Suffern* **MARIO SUFFERN** DATE **3/2/98** (305) 446-6014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0189664

CR2E034 (10/97)