FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

annual report 1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 1. Corporation Name	V56420	(5)					
DISCOUNT CALL IN	TERNATIONAL CO	MPANY					
Principal Place of Business		aling Address				BOM BION OIDN D	
7801 N.W. 37 STREET		7801 N.W. 37 STREET					
MIAMI FL 33166 US		MIAMI FL 33166 US					
03		03			 Date Incorporated or Qualified 08/03/1992 	3a. Date of	Lest Report 20/1995
2. Principal Place of Business	2a	Mailing Address	·		4. FEI Number	00/2	Applied For
21	26				65-0386050		Not Applicable
Suite Apt. #, etc	27	Suite, Apt #, etc.			5. Certificate of Status Desired	Ø	8.75 Additional Fee Required
22 City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23	28		1 2		Trust Fund Contribution		Added to Fees
24 C	ountry [29]	Zιp	Country 30		8. This corporation has liability for in Florida Statutes Yes	ntangible tax u No	nder s 199.032,
9. Name and A	ddress of Current Regis	tered Agent			10. Name and Address of New R		ent
			81	Name			
BEFELER, GEORGE			82	Street Ade	dress (P.O. Box Number is Not Acceptab	le)	
150 W FLAGLER ST			83				
MIAMI FL 33130							-1 - 0 -
			84	City		FL	85 Zip Code
familiar with, and accept the i	obligations of, Section 607	.0505, Florida Statutes			and of directors. I hereby accept the appoint	DATE	
12.	OFFICERS AND DIRE	CTORS DELETE	13.	r-	ADDITIONS/CHANGES TO OFF		RECTORS IN 12 Change [] Addition
NAME GUZMAN, HI	ECTOR J	_j otter	1. 1 10CE		D DECEMBED I	_	Sittings
STREET ADDRESS 2898 NW 79 MIAMI FL			13 STREET		GUZMAN, HECTOR J. 7801 N.W. 37TH STREE MIAMI, FL 33166-6559	T	
TIPLE D		[] DELETE	2 1 TITLE		D		Change 🔲 Addition
NAME GUZMAN, AI STREET ADURESS 2898 NW 79			2.2 NAME 2.3 STREET		GUZMAN, ANALIDA 7801 N.W. 37TH STREE		
CHY-SI-7IP MIAMI FL		DELETE	2.4 CITY - 5 3. 1 TITLE	ST - ZIP	MIAMI, FL 33166-6559		Change Addition
NAME			3.2 NAME			<u></u>	
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CHY-91-ZIE		F) butle	3 4 CHTY - 5	51 - ZIF		<u> </u>	Change Addition
1 TUE NAME		☐ DELETE	4 1 TITLE 4 2 NAME			, C	Survige I Reported)
STREET ADDRESS			i i	ADDRESS			
CHY SEZP			4.4 C/TY - 3	ST- Z IP			
TIFLE		DEFEIE	5 1 TITLE				Change Addition
NAME CTUTE LAT OFFICE			5.2 NAME 5.3 ∕2 ∈E	T ADDRESS			
STREET ACORESS CHY-ST-ZIP			//	ST-ZIP			
TITLE		☐ DELETE	1 TITLE				Change Addition
NAME STREET ADDRESS	/,/		6.2 NAME 6.3 XIREE	r address			
CIIn-SI-7If 14. I do hereby certify that the in	formation supplied with thi	filing is you starily an	nisked and doe	ST-ZIP es not qualif	y for the exemption stated in Section 119	.07(3)(k). Florid	a Statutes. I further
certify that the information incoath; that I am an officer or cappears in Block 12 or Block	dicated on this arriual rep director of the corporation	irt og sumbig nental ann	nyal renort is tr se jennowy red	ue and acci	urate and that my signature shall have the this report as required by Chapter 607, Fi	same legal eff	ect as if made under
SIGNATURE:	NATURE AND TYPEO OF SHINTE	D NAME OF STORING DEFO	ER OR DIRECTOR		02/27/ <u>96</u>	(305)5 Dayti	92-0839 me Phone #