STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **21558**
2. Name of Corporation: **BURNUP & SIMS COMMUNICATION SERVICES, INC.**

3. Street Address Principal Business Office: 3155 N.W. 77th AVE — City: MIAMI — State: FL — Zip: 33122.
4. Business Phone No.: 305-599-1800
5. State of Incorporation: **DELAWARE**
6. SIC Code: 8888
7. Brief Description of the Character of Business Conducted in Rhode Island: TELECOMMUNICATIONS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: ISMAEL PERERA
Street Address: 3155 NW 77th AVE
City: MIAMI — State: FL — Zip: 33122

Vice President Name: CARLOS A. VALDES
Street Address: 3155 N.W. 77th AVE
City: MIAMI — State: FL — Zip: 33122

Secretary Name: NANCY J. DAMON
Street Address: 3155 N.W. 77th AVE
City: MIAMI — State: FL — Zip: 33122

Treasurer Name: EDWIN D. JOHNSON
Street Address: 3155 N.W. 77th AVE
City: MIAMI — State: FL — Zip: 33122

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: JORGE MAS
Street Address: 3155 NW 77th AVE
City: MIAMI — State: FL — Zip: 33122

Director Name: EDWIN D. JOHNSON
Street Address: 3155 NW 77th AVE
City: MIAMI — State: FL — Zip: 33122

Director Name: ISMAEL PERERA
Street Address: 3155 NW 77th AVE
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100	C	1.00	100	C	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 2 1 5 5 8 * [redacted]

File Date: 3/3/97

Check No.: 12761

By: (CM)

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nancy J. Damon — 1-21-97
Signature of Officer — *Date*

NANCY J. DAMON
Print or Type Name of Officer

[redacted] CORP. SECRETARY
Title of Officer