

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000117 (0)
 1. Corporation Name
NETEL, INC.

Principal Place of Business: **6300 N.E. 1ST AVENUE FT. LAUDERDALE FL 33334**
 Mailing Address: **6300 N.E. 1ST AVENUE FT. LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0362516	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent LEHMAN, SCOTT ESQ. 6300 N.E. 1ST AVENUE THRID FLOOR FT. LAUDERDALE FL 33334				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, SCOTT	1.2 NAME	
STREET ADDRESS	6300 N.E. 1ST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRES, RAGIP	2.2 NAME	
STREET ADDRESS	6300 N.E. 1ST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, NELSON	3.2 NAME	
STREET ADDRESS	6300 N.E. 1ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKDAG, MENDERES	4.2 NAME	
STREET ADDRESS	6300 N.E. 1ST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	C.F.O.
STREET ADDRESS		5.3 STREET ADDRESS	Robert W. Thomson
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6300 N.E. 1ST AVENUE FT. LAUDERDALE, FL 33334
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002542325
STREET ADDRESS		6.3 STREET ADDRESS	-06/01/98--01057--049
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 _____

CR2E034 (10/97)