

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
105130224 AM 11:00

DOCUMENT # L08677 (1)

1. Corporation Name
MIOTEL CORPORATION

Principal Place of Business Mailing Address
C/O STEVEN E. GOLDMAN C/O STEVEN E. GOLDMAN
1221 BRICKELL AVENUE 1221 BRICKELL AVENUE
MIAMI FL 33131-3261 MIAMI FL 33131-3261

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/14/1989 3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 c/o Hotel Sofitel 25 c/o Hotel Sofitel
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 5800 Blue Lagoon Dr. 27 5800 Blue Lagoon Dr.
City & State City & State
23 Miami, Fla. 28 Miami, Fla.
City Zip City Zip
24 33126 25 U.S. 29 33126 30 U.S.

4. FEI Number 58-1856700 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GOLDMAN, STEVEN E.
1221 BRICKELL AVENUE
MIAMI FL 33131

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 the 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 607.0506, Florida Statutes.

SIGNATURE _____
(Signature subject to printed name of registered agent and that of corporation) (Signature Agent representative of corporation) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEHODEY, JOHN F
STREET ADDRESS	5800 BLUE LAGOON DR
CITY ST ZIP	MIAMI FL
TITLE	SD
NAME	DUNBAR, ROBERT
STREET ADDRESS	5800 BLUE LAGOON DR.
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	COHEN, BENJAMIN
STREET ADDRESS	5800 BLUE LAGOON DR.
CITY ST ZIP	MIAMI FL
TITLE	V
NAME	TASSIN, WILLIAM
STREET ADDRESS	5800 BLUE LAGOON DR.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), 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: W. Tassin William Tassin 6/29/95 914-725-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)