

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 MAR -7 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08677**
1. Corporation Name

MIOTEL CORPORATION

Principal Place of Business Mailing Address
**2 OVERHILL ROAD - SUITE 420
SCARSDALE, NY 10583**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Greenberg, Traurig, Hoffman, Lipoff, Rosent
Quentel, P.A.
1221 Brickell Ave.
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 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 _____ DATE _____
Signature type as printed has to be of registered agent and is not applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COHEN, BENJAMIN | |
| STREET ADDRESS | 2 OVERHILL RD. SUITE 420 | |
| CITY-ST-ZIP | SCARSDALE, NY 10583 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEHODEY, JOHN | |
| STREET ADDRESS | 2 OVERHILL RD. SUITE 420 | |
| CITY-ST-ZIP | SCARSDALE, NY 10583 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HELD, JEFFREY S. | |
| STREET ADDRESS | 2 OVERHILL RD. SUITE 420 | |
| CITY-ST-ZIP | SCARSDALE, NY 10583 | |
| TITLE | VPFT | <input type="checkbox"/> DELETE |
| NAME | SOKOLIK, RANDAL | |
| STREET ADDRESS | 2 OVERHILL RD., SUITE 420 | |
| CITY-ST-ZIP | SCARSDALE, NY 10583 | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 | 200002103722--9 |
| 13 STREET ADDRESS | -03/04/97--01073--018 |
| 14 CITY-ST-ZIP | ****165.00 ****165.00 |
| 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 | |

9637-97

14. I do 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: _____ DATE: **3/5/97** DAYTIME PHONE #: **914-725-5255**

Randal Sokolik

CR2E034 (9/96)