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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P92000003343 (0)

DOCUMENT #
1. Corporation Name

AMERICAN TELECOMMUNICATIONS ENTERPRISE, INC.

Principal Place of Business	
520 N.E. 20TH ST. #115 FT. LAUDERDALE FL 33305	

**FILED** Apr 15 1996 8:00 am Secretary of State



Misling Address						_			
Principal Place of 520 N.E. 20TH #115		Mailing Address  520 N.E. 20TH ST. #115							
FT. LAUDERDALE FL 33305		FT. LAUDERDALE FL 33305		3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 03/27/1995				
Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 65-0371033		Applied For Not Applicable		
Suite. Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ <b>\$</b>	8.75 Additional Fee Required		
City & State	City & State		Crty & State		Election Campaign Financing     Trust Fund Contribution	<u> </u>	\$5.00 May Be Added to Fees		
Zip 4	Country 25	Zip 29	Gountry 30	·		s 🗌 No			
<u>-1</u>	9. Name and Address of Current	l Registered Agent		,	10. Name and Address of New	Registered Age	nt		
			81	Name					
ORTA, R	OSA O 20TH ST.		82	Street A	ddress (P.O. Box Number is Not Accepta	ible)			
#115	20111 011		83						
	DERDALE FL 33305		84	City		8 وسم	15 Zip Code		
					poration submits this statement for the p	FL			
12.	ignature, typed or printed name of registered ago it OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		RECTORS IN 12 Change		
NAME	FREEMAN, JOEL	beet in	1.2 NAME			-			
STREET ADDRESS	4319 SW CONCORD		1 3 STREE	T ADDRESS					
CITY-ST-ZIF	SEATTLE WA		1.4 CiTY -				Change		
TITLE	T DAGGALAGUIA IGGEBU C	☐ DELETE	2 1 1011.6	Į.	c	(AS)	Silange Add-non		
NAME	PASSALAQUA, JOSEPH C 520 NE 20TH, SUITE 115		2 2 NAME	ET ADDRESS					
STREET ADDRESS	FT. LAUDERDALE FL		24 CITY	1					
CITY - ST - ZIP TITLE	VP	DELETE	3 1 TiTU		V P/S	28	Change		
NAME	WORBOYS, CARL		3 2 NAMI						
STREET ADDRESS	8199 PENELOPE LANE			ET ADDRESS					
CITY-ST-ZIP	LIVERPOOL NY	□ DELE1E	3.4 CITY 4, 1 TITL	-	7		Change 🔀 Addition		
THLE			4. 1 111C		Philip Pellezzari 179 Worth Way		- <del>-</del>		
NAME STREET ADDRESS				ET ADDRESS	179 North Way				
CITY - ST - ZIF			4.4 C(TY		Camillus, NY 13031				
TITLE		☐ DELETE	5 1 1 If L		·		Change		
NAME			5 2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY - SI - ZIP		DELETE	5 4 City 6 1 Till	· S1-7IP F			Change		
TITLE NAME			6 2 NAM			_			
STREET ADDRESS				ET ADDRESS					
			6.4 CITY	- ST - ZIP					
14 Ldo hereb	v certify that the information supplied	with this filing is voluntarily	furnished and d	oes not qua	alify for the exemption stated in Section 1	19.07(3)(k), Floric	la Statutes. I further		

I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 this 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 or an attachment with an address.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Capture Figure 2.