

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000002571 (6)

1. Corporation Name
MIAMI INTERNATIONAL TELEPORT, INC.



Principal Place of Business C/O MARK D. COHEN, P.A. 4851 SHERIDAN ST. #300 HOLLYWOOD FL 33021 US	Mailing Address C/O MARK D. COHEN, P.A. 4851 SHERIDAN ST. #300 HOLLYWOOD FL 33021-3427 US
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3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 c/o Mark D. Cohen, P.A. Suite, Apt. #, etc. 22 4000 Hollywood Blvd. #485 So City & State 23 Hollywood, FL Zip 24 33021	2a. Mailing Address 26 c/o Mark D. Cohen, P.A. Suite, Apt. #, etc. 27 4000 Hollywood Blvd. #485 So City & State 28 Hollywood, FL Zip 29 33021
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4. FEI Number 65-0449797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COHEN, MARK D 4851 SHERIDAN ST. SUITE 300 HOLLYWOOD FL 33021	
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10. Name and Address of New Registered Agent 81 MARK D. COHEN 82 Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. 83 Ste. 485 So. 84 Hollywood FL 85 Zip Code 33021	
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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  **Mark D. Cohen** **4/10/97**
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME COHEN, MARK D	
STREET ADDRESS 4851 SHERIDAN ST SUITE 300	
CITY - ST - ZIP HOLLYWOOD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME COHEN, MARK D.	
1.3 STREET ADDRESS 4000 Hollywood Blvd., Ste. 485 So.	
1.4 CITY - ST - ZIP Hollywood, FL 33021	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 in an attachment with an address.

SIGNATURE:  **Mark D. Cohen** **4/10/97** **(954) 962-1166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)