

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

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95 MAY -2 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000034853

1. Corporation Name

American TelNet Billing Services, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
21000 N.E. 28th Avenue, Same
Miami, FL 33180

3. Date Incorporated or Qualified **May 13, 1993** 3a. Date of Last Report

4. FEI Number **65-0419453** 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**

7. This corporation has liability for a corporate tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	Suite 202
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Michael Pardes 21000 N.E. 28th Avenue Miami, FL 33180				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Suite 202		
				84	City	FL	85

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 **Michael Pardes** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director, President	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Pardes	12 NAME	
STREET ADDRESS	21000 NE 28th Ave,	13 STREET ADDRESS	Suite 202
CITY ST ZIP	Miami, FL 33180	14 CITY ST ZIP	200001473072
TITLE	Director, Vice President	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Liebowitz	22 NAME	-05/03/95--01864--015
STREET ADDRESS	21000 NE 28th Ave,	23 STREET ADDRESS	****208.75 ****208.75
CITY ST ZIP	Miami, FL 33180	24 CITY ST ZIP	Suite 202
TITLE	Director, Vice President	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Self	32 NAME	
STREET ADDRESS	21000 NE 28th Ave,	33 STREET ADDRESS	Suite 202
CITY ST ZIP	Miami, FL 33180	34 CITY ST ZIP	
TITLE	Director, Sec., Treasurer	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Markowitz	42 NAME	
STREET ADDRESS	21000 N.E. 28th Ave.,	43 STREET ADDRESS	Suite 202
CITY ST ZIP	Miami, FL 33180	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 110.07(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 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: *Michael Pardes* **Michael Pardes** **4/12/95** **(305) 932-2884**