

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000034853 (0)**

1. Corporation Name

AMERICAN TELNET BILLING SERVICES, INC.



Principal Place of Business

**21000 N.E. 28TH AVE
SUITE 202
MIAMI FL 33180**

Mailing Address

**21000 N.E. 28TH AVE
SUITE 202
MIAMI FL 33180**

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
05/02/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARDES, MICHAEL
21000 NORTHEAST 28TH AVENUE
SUITE 202
MIAMI FL 33180**

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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **PARDES, MICHAEL**
CITY-STATE-ZIP **21000 NORTHEAST 28TH AVENUE 202**
MIAMI FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **LIEBOWITZ, TED**
CITY-STATE-ZIP **21000 NORTHEAST 28TH AVENUE STE 202**
MIAMI FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SELF, MICHAEL**
CITY-STATE-ZIP **21000 NE 28 AVE STE 202**
MIAMI FL

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **MARKOWITZ, HOWARD**
CITY-STATE-ZIP **21000 NE 28 AVE**
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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 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 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/26/96

Use This Space

CR2E034 (12/95)