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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000068243 (3) AMTEL COMMUNICATIONS, INC. Principal Place of Business Mailing Address NW 79 AVE. 3900 NW 79TH AVENUE SUITE 411 MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1993 03/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3900 21 65-0440402 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Z_{ip} Country Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOOTH, WENDY S Street Address IP.O. Box Number is No Acceptable 82 21682 CLUB VILLA TERRACE 83 BOOA RATON FL-33439 64 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registored agent and title if applicable. (NOTE_Flogistered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ____ Addition NAME GREENWALD, FRAN 1.2 NAME 3900 N.W. 79 AVE #411 MIAMI, FL 33166 STREET ADDRESS 7907 N.W. JORD OF CUITE 1.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C(!Y-S(-Z)? 2.4 CITY - ST - 2IP TITLE DELETE 3 1 TOTLE [] Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-SI-ZIF 3.4 CITY-ST-ZIP TITE, DELETE 4 1 10116 Change Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CRY-ST-ZIP 4.4 CITY - ST- ZIP TITLE [7] DELETE 5. 1 THEF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY - \$1 - Z(P) TITLE DELETE 6. 1 THILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 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 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTO

(305)716-0906

CR2E034 (12/95)