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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P93000068243 (3)

1. Corporation Name
AMTEL COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
3900 NW 79TH AVENUE SUITE 411 MIAMI FL 33166 US
3900 NW 79TH AVE SUITE 41 MIAMI FL 33166-6556 US

3. Date Incorporated or Qualified **09/30/1993** 3a. Date of Last Report **05/01/1996**

21. Principal Place of Business	26. Mailing Address	4. FEI Number 65-0440402	Applied For <input type="checkbox"/> Not Applicable
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BOOTH, WENDY S 171 DOCKSIDE CIRCLE FT LAUDERDALE FL 33327	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent Signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PD GREENWALD, FRAN	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS 3900 NW 79 AVE #411		13.2 NAME	
12.3 CITY-STATE-ZIP MIAMI FL		13.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		14.2 NAME	
12.7 CITY-STATE-ZIP		14.3 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	14.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		15.2 NAME	
12.11 CITY-STATE-ZIP		15.3 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	15.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		16.2 NAME	
12.15 CITY-STATE-ZIP		16.3 STREET ADDRESS	
		16.4 CITY-STATE-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 included 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 in an attachment with an address.

SIGNATURE: **FRAN GREENWALD** President **3/21/97 (305) 716-0900**
 SIGNATURE AND TITLE OF OFFICER, DIRECTOR, RECEIVER OR TRUSTEE DATE (Type in Print)

CR2E034 (9/96)