

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 # **P94000001890 (0)**

1. Corporation Name

ADVANCED TELEMEDIA INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
2720 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	2720 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145

3. Date Incorporated or Qualified 01/07/1994	3a. Date of Last Report 05/19/1995
4. FEI Number 65-0466315	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1080 N.W. 163rd Dr.	26 1080 N.W. 163rd Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, FL	28 Miami, FL
24 33169 USA	29 33169 USA

9. Name and Address of Current Registered Agent

**STOLAR, DAVID M.
1350 KANE CONCOURSE
PENYHOUSE SUITE
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____
Signature, typed or printed name of registered agent, and date of appointment. NOTE: Registered Agent signature required when filing.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKULA, GUILLERMO	
STREET ADDRESS	2720 CORAL WAY, 5TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONCEPCION, JORGE	
STREET ADDRESS	2720 CORAL WAY, 5TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, GUILLERMO	
STREET ADDRESS	2720 CORAL WAY, 5TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, MIKE	
STREET ADDRESS	2720 CORAL WAY, 5TH FL	
CITY-ST-ZIP	MIAMI FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bakula, Guillermo
1.3 STREET ADDRESS	1080 N.W. 163rd Drive
1.4 CITY-ST-ZIP	Miami, FL 33169
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Concepcion, Jorge
2.3 STREET ADDRESS	1080 N.W. 163rd Drive
2.4 CITY-ST-ZIP	Miami, FL 33169
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martinez, Guillermo
3.3 STREET ADDRESS	1080 N.W. 163rd Drive
3.4 CITY-ST-ZIP	Miami, FL 33169
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vazquez, Mike
4.3 STREET ADDRESS	1080 N.W. 163rd Drive
4.4 CITY-ST-ZIP	Miami, FL 33169
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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 (305) 620-3600
Date Daytime Phone #

CR2E034 (12/95)