

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000001890 (0)
 1. Corporation Name
ADVANCED TELEMEDIA INTERNATIONAL, INC.



Principal Place of Business 1080 NW 163RD DRIVE MIAMI FL 33169 US	Mailing Address 1080 NW 163RD DRIVE MIAMI FL 33169 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1994	
4. FEI Number 65-0466315	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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			
STOLAR, DAVID M 1350 KANE CONCOURSE PENYHOUSE SUITE BAY HARBOR ISLANDS FL 33154				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHOOP, JAMIE			1.2 NAME	Shoop, Jamie		
STREET ADDRESS	1080 N.W. 163RD DRIVE			1.3 STREET ADDRESS	1080 NW 163 Drive		
CITY-ST-ZIP	MIAMI FL 33169			1.4 CITY-ST-ZIP	Miami, FL 33169		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LLORENTE, CARLOS			2.2 NAME	Vazquez, Miguel		
STREET ADDRESS	1080 N.W. 163RD DRIVE			2.3 STREET ADDRESS	1080 NW 163 Drive		
CITY-ST-ZIP	MIAMI FL 33169			2.4 CITY-ST-ZIP	Miami, FL 33169		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, GUILLERMO			3.2 NAME			
STREET ADDRESS	1080 N.W. 163RD DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOLAR, DAVID			4.2 NAME			
STREET ADDRESS	1080 N.W. 163RD DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 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: *Jamie Shoop* 3-2-98 (305) 620-3600

CR2E034 (10/97)