

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90064 008 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000019721
 1. Corporation Name
AMTEL TECHNOLOGIES, INCORPORATED



Principal Place of Business 715 WEST STATE RD. 434 STE. G LONGWOOD FL 32750 US	Mailing Address 715 WEST STATE RD. 434 STE. G LONGWOOD FL 32750 US
--	--

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/09/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3271126	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
HO, EDWARD
715 WEST STATE RD. 434
STE. G
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
 81 Name **SIMON CHOU**
 82 Street Address (P.O. Box Number is Not Acceptable)
715 WEST STATE RD. 434
SUITE G
 83 City **LONGWOOD** **FL** 85 Zip Code **32750**

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]* **1/4/99 SIMON CHOU/CEO** **1/4/99** DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	HO, EDWARD	
STREET ADDRESS	1700 ENTERPRISE WAY, STE. 110	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HO, EDWARD	
STREET ADDRESS	1700 ENTERPRISE WAY, STE. 110	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, CHARLES	
STREET ADDRESS	1700 ENTERPRISE WAY, STE. 110	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HO, CECILIA	
STREET ADDRESS	1700 ENTERPRISE WAY, STE. 110	
CITY-ST-ZIP	MARIETTA GA 30067	
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	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIMON CHOU	
1.3 STREET ADDRESS	715 WEST STATE RD. 434 STE G	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIMON CHOU/ CEO 1/4/99 407-834-2033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #