

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S48795** (6)

1. Corporation Name

AL-TEL COMMUNICATIONS OF MIAMI, INC.

Principal Place of Business

10420 S.W. 5TH STREET
MIAMI FL 33174

Mailing Address

10420 S.W. 5TH STREET
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0283522** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt # etc Suite, Apt # etc

22 27

City & State City & State

23 28

City & State City & State

24 25 29 30

9. Name and Address of Current Registered Agent

**SCHNEIDER, ALAN P.
10420 S.W. 5TH STREET
MIAMI FL 33174**

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

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 of current registered agent and the corporation)

(Signature of new registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **SCHNEIDER, ALAN P.**
STREET ADDRESS **10420 S.W. 5TH STREET**
CITY, ST, ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14 TITLE Change Addition
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

22 TITLE Change Addition
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP

26 TITLE Change Addition
27 NAME
28 STREET ADDRESS
29 CITY, ST, ZIP

30 TITLE Change Addition
31 NAME
32 STREET ADDRESS
33 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 Sections 110.07(3)(b), Florida Statutes. I further certify that the information described 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 or Block 14, or on an amendment to this filing.

SIGNATURE: *Alan P. Schneider*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN P. SCHNEIDER - PRESIDENT

(305) 547-9566