

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S73067 (8)

1. Corporation Name
MONTEL INC.



Principal Place of Business
**2188 PALM WAY
LARGO FL 34641**

Mailing Address
**2188 PALM WAY
LARGO FL 34641**

3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 04/20/1995
4. FEE Number 59-3079983	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 type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 Sube, Apt #, etc	26 Sube, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
9. Name and Address of Current Registered Agent	

**FRAINE, FRANCO DELLI
2188 PALM WAY
LARGO FL 34641**

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

11. Pursuant to the provisions of Sections 607.0117 and 607.1506, Florida Statutes, the above named corporation signs 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 607.0117, Florida Statutes.

SIGNATURE _____ DATE _____
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY
1 NAME: D FRAINE, LEANDRO DELLI <input type="checkbox"/> DELETE	11 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 STREET ADDRESS: 2330 MASSON	12 NAME: _____
3 CITY-ST-ZIP: MONTREAL-QUEBEC CA <input type="checkbox"/> DELETE	13 STREET ADDRESS: _____
4 TITLE: _____	14 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME: _____	15 NAME: _____
6 STREET ADDRESS: _____	16 STREET ADDRESS: _____
7 CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	17 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
8 TITLE: _____	18 TITLE: _____
9 NAME: _____	19 NAME: _____
10 STREET ADDRESS: _____	20 STREET ADDRESS: _____
11 CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	21 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 TITLE: _____	22 TITLE: _____
13 NAME: _____	23 NAME: _____
14 STREET ADDRESS: _____	24 STREET ADDRESS: _____
15 CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	25 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
16 TITLE: _____	26 TITLE: _____
17 NAME: _____	27 NAME: _____
18 STREET ADDRESS: _____	28 STREET ADDRESS: _____
19 CITY-ST-ZIP: _____	29 CITY-ST-ZIP: _____

14. I do hereby certify that the information required 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 or person 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, please attach with an affidavit.

SIGNATURE: *Leandro Delli Fraine* **LEANDRO DELLI FRAINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28/96

CP2E034 (12/95)