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95 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V36334
1. Corporation Name
American TelNet, Inc.

Principal Place of Business Mailing Address
21000 N.E. 28th Avenue Same
Miami, FL 33180

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite 202 26 Suite 202
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
May 15, 1992 **May '94**
4. FEI Number Applied For
65-0343351 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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Michael Pardes
21000 N.E. 28th Avenue, Ste 202
Miami, FL 33180

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
Suite 202
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 **Michael Pardes** DATE

12. OFFICERS AND DIRECTORS

TITLE	Director, Vice President
NAME	Ted Liebowitz
STREET ADDRESS	21000 NE 28th Ave,
CITY - ST - ZIP	Miami, FL 33180
TITLE	Director, President
NAME	Michael Pardes
STREET ADDRESS	21000 NE 28th Ave,
CITY - ST - ZIP	Miami, FL 33180
TITLE	Director, Vice President
NAME	Michael Self
STREET ADDRESS	21000 NE 28th Ave,
CITY - ST - ZIP	Miami, FL 33180
TITLE	Director, Sec., Treasurer
NAME	Michael Self
STREET ADDRESS	21000 N.E. 28th Ave,
CITY - ST - ZIP	Miami, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	Suite 202
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	Suite 202
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	Suite 202
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Director, Sec., Treasurer
43 STREET ADDRESS	Howard Markowitz
44 CITY - ST - ZIP	21000 N.E. 28th Ave., Ste 202 Miami, FL 33180
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	800001473088
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-05/03/95--01080mp026
63 STREET ADDRESS	****208.75 ****208.75
64 CITY - ST - ZIP	RC

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 110.07(3)(b), 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 proprietor or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Michael Pardes** **Michael Pardes** **4/2/95** **(305) 932-2884**