

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Apr 15 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # V36334 (3)**

1. Corporation Name  
**AMERICAN TELNET, INC.**



Principal Place of Business: **21000 NE 28 AVE MIAMI FL 33180**  
Mailing Address: **21000 NE 28 AVE MIAMI FL 33180**

3. Date Incorporated or Qualified: **05/15/1992**  
3a. Date of Last Report: **05/19/1995**  
4. FEI Number: **65-0343351**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 SUITE 202 MIAMI FL 33180**  
2a. Mailing Address: **21 SUITE 202 MIAMI FL 33180**  
21. Suite, Apt. #, etc.: **SUITE 202**  
22. City & State: **MIAMI FL**  
23. Zip: **33180**  
24. Country: **USA**

9. Name and Address of Current Registered Agent  
**PARDES, MICHAEL  
21000 NORTHEAST 28TH AVE  
SUITE 202  
MIAMI FL 33180**

10. Name and Address of New Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_  
85. Zip Code: **FL**

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 changing office or agent.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>LIEBOWITZ, TED</b>	
STREET ADDRESS	<b>21000 NE 28 AVE STE 202</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>PARDES, MICHAEL</b>	
STREET ADDRESS	<b>21000 NE 28 AVE STE 202</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SELF, MICHAEL</b>	
STREET ADDRESS	<b>21000 NE 28 AVE STE 202</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SELF, MICHAEL</b>	
STREET ADDRESS	<b>21000 NE 28 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>HOWARD MARKOWITZ</b>	
STREET ADDRESS	<b>21000 N.E. 25TH AVE STE202</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Delete entry</b>
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 do hereby certify that the information supplied 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 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 as an attachment with an address.

SIGNATURE: *Michael Pardes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/96*

CR2E034 (12/95)