

(Print or Type Responses)

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |
|--------------------------|-----------|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |
| Estimated average burden |           |  |  |  |
| nours per respons        | e 0.5     |  |  |  |

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person *  Reade Jeffrey Revell  | Statement (Month/Day/Year) 05/06/2004 4.                       |                                    | 3. Issuer Name and Ticker or Trading Symbol MULTI TECH INTERNATIONAL CORP [MLTI] |   |   |   |  |  |
|---|--|------------------------------------|--|---|---|---|--|--|
| (Last) (First) (Middle)<br>64 KNIGHTSBRIDGE   |  |                                    | Issuer   | Issuer  |   | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |  |
| (Street)  |  | (Che Director Officer (give below) |  | all applicable)  = X_ 10% Own Other (specification)   | cify Applicable I                         | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |
| LONDON, X0 SW1X   | _  |                                    |  |   |   | Form filed by More than One Reporting Person  |  |  |
| (City) (State) (Zip)  | (State) Table I - Non-Derivative Securities Beneficially Owned |                                    |  |   |   |   |  |  |
| 1.Title of Security (Instr. 4)  | Beneficially Owned<br>(Instr. 4)                               |                                    |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |   |  |  |
| Common Stock  | 60,000,000   |                                    |  | D   |   |   |  |  |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                                    |  |   |   |   |  |  |
| (Instr. 4)  |  |                                    | d Amount of<br>Underlying Derivative   | Price of<br>Derivative                                | Form of<br>Derivative<br>Security: Direct | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5)   |  |  |
|   | Date Expiration Date   | Title Ame                          | ount or Number of<br>res   | Security  | (D) or Indirect<br>(I)<br>(Instr. 5)      |   |  |  |
| Panarting Owners  |  |                                    |  |   |   |   |  |  |

### **Reporting Owners**

| Departing Owner Name /         | Relationships |              |         |       |  |
|--------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer | Other |  |
| Reade Jeffrey Revell           |               |              |         |       |  |
| 64 KNIGHTSBRIDGE               |               | X            |         |       |  |
| LONDON, X0 SW1X                |               |              |         |       |  |

## **Signatures**

| /s/ Jeffrey Revell Reade        | 05/11/2004 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.