## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # H58715

ASSOCIATED ARTS AND TECHNOLOGIES CORPORATION

Principal Place of Business 90 VICTOR J. GONZALEZ 13320 GW 97th COURT MIAMI, FL 33176 U.G.A.	Mailing Address YO VICTOR J. GONZAVE 13320 SW 97th COVET MIAMI, FL 33176 U.S.A.
2. Principal Place of Business	2a. Mailing Address

**FILED** May 07 1997 8:00am Secretary of State

1332	0 6W 6	GONZAL 37MCOUR 33176	EZ T	90 VICTOR 13320 SW MIAMI, F U.S.A.	97m C	ovet	3. Date Incorporated or Qualified 05/24/1985	3a. Date	of Last F		
	Place of Busi	ness	2	a. Mailing Address		:	4. FEI Number	<u> </u>	T-1	pplied For	
21			26	,]			59-2550084			ol Applicable	
Suite, Ap	ot #. etc		27	Suite, Apt. #, etc.		:	5. Certificate of Status Desired			Additional lequired	
City & St 23	late		28	City & State		:	Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip 24	Country   Zip   Country   25   29   30							8. This corporation has liability for intangible tax under s. 199.032, Floride Statutes			
	9. Name	and Address of	Current Reg	Istered Agent			10. Name and Address of New Re	istered Ag	ent		
	Carrie	2A1 57. \	actor	· 97.		81 Name					
GONZALEZ, VICTOR J. 13320 SW 99th COURT						82 Street Address (P.O. Box Number is Not Acceptable)					
	MIAN	11, FL 3	3176			83					
		·				84 City		FL	<b>85</b> Zip	Code	
SIGNATURI	Signature for i	OFFICE	etered agent and In ERS AND DIR	ECTORS	NOTE Registered	GONZAI o Agent signature reo	UTE PROIDENT  UTED WHEN THE PROPERTY OF THE PR				
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r ou nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 on an attachment with an address.

SIGNATURE: