

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **K99378** (7)
1. Corporation Name
ADVANCED TOTAL SYSTEMS, INC.



Principal Place of Business 1150 NW 72ND AVENUE SUITE 501 MIAMI FL 33126 US	Mailing Address 1150 NW 72ND AVENUE SUITE 501 MIAMI FL 33126-1821 US
---	--

3. Date Incorporated or Qualified 06/29/1989	3a. Date of Last Report 07/23/1996
4. FEI Number 65-0143176	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, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
--	--

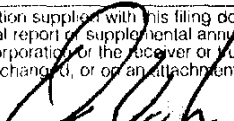
9. Name and Address of Current Registered Agent VILLACAMPA, ORSIRIS 7748 S.W. 184TH WAY SUITE 304 MIAMI FL 33157		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
--	--	---	--

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLACAMPA, OSIRIS	1.2 NAME	
STREET ADDRESS	8801 W. FLAGLER ST., SUITE 304	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, CLAUDIA	2.2 NAME	
STREET ADDRESS	15575 MIAMI LAKEWAY NORTH, SUITE 305	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	ALONSO, DIEGO	3.2 NAME	
STREET ADDRESS	15575 MIAMI LAKEWAY NORTH, SUITE 305	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	VILLACAMPA, MARIA	4.2 NAME	
STREET ADDRESS	7748 SW 184TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE: **4/7/97** (305) 477-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)