

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

DOCUMENT # P93000077209 (3)

1. Corporation Name

ADVANCED TECHNOLOGY SYSTEMS INTEGRATORS, CORP.



Principal Place of Business

Mailing Address

~~118 NE 39TH STREET
MIAMI FL 33137~~

~~118 NE 39TH STREET
MIAMI FL 33137~~

2. Principal Place of Business

2a. Mailing Address

21 167 NE 39th St

26 167 NE 39th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

24 331 25 Country

29 331 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0484904

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

SCOPINICH, GAIL

~~1558 N.E. MIAMI GARDENS DRIVE, SUITE 305
NORTH MIAMI BEACH FL 33179~~

81 Name

GAIL SCOPINICH

82 Street Address (P.O. Box Number is Not Acceptable)

18301 BISCAYNE BOULEVARD

83

SECOND FLOOR

84

CITY North MIAMI BEACH

FL

85 Zip Code

33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

[Signature]

GAIL SCOPINICH

4/15/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VENTO, VINCENT
STREET ADDRESS 118 N.E. 39TH STREET
CITY-ST-ZIP MIAMI FL 33137

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 of this filing, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 305-573-2920

CR2E034 (12/95)