FIL	E NUM	· EII ING EEE	AETED MAV 1	10 69	25	nn				
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # 487663 (7)										
1. Corporation	n Name									
DHUA	DUASTI	ECHNICAL SERVICE	:S, INC.				1 HAND BANK HAN HAN BANK BANK	A JIAN AKANT ANAN	. 81811 21811 81811 81811 1281	
Principal Place of Business Mailing Address										
Principal Place of Business Mailing Address 301 N.W. 48TH TERRACE 301 N.W. 48TH TERRACE										
PLANTATION FL 33317 PLANTATION FL 33317										
							 Date Incorporated or Qualified 10/14/1975 		of Last Report /01/1995	
2. Principal Pl	ace of Busine	2a. Malling Address	Malling Address			4, FEI Number 59-1626135	<u></u>	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desired		\$8.75 Additional	
City & State	City & State				6. Election Campaign Financing		Fee Required			
23		- · · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution		\$5.00 May Be Added to Fees		
<i>Ζ</i> ιρ 24	Country Z _{IP} 25 29 30			30 Coi	untry	try 8. This corporation has liability for intengible tax under s 199.032, Fiorida Statutes ☐ Yes ☐ No		under s 199.032,		
9, Name and Address of Current Registered Agent					T	····	10. Name and Address of New Registered Agent			
						Name		-		
HARRIS, LEONARD R. 301 N.W. 48TH TERRACE						Street Addre	ess (P.O. Box Number is Not Acceptabl	ie)		
PLANTATION FL 33317					83					
					84	City			85 Zip Code	
11. Pursuant t	to the provision	ons of Sections 607.0502 a	nd 607.1508, Florida Statute	es, the abo	OVB-F	named corpora	ation submits this statement for the purp	pose of chan	ging its registered office	
U TEGIŞLET	CO AGEIL OF	DOLD. III IIRE STATE OF FROIGIA	i. Such change was authorize n 607.0505, Florida Statutes.	ea ny tae i	corp	oration's boar	ation soomis tris statement for the purp d of directors. I hereby accept the appo	intment as re	egistered agent. I am	
SIGNATURE _	Signature, typed of	or printed name of registered agent an	id title if applicable (NO)	TE: Bagistered	1 Anen	it signature required	Suhan ranslativa	DATE		
12.	OFFICERS AND DIRECTORS 13.					t og ator regardo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
Trice	PD DELETE 1.1			1.11	TITLE		☐ Change ☐ Addition			
NAME					AME					
STREET ADDRESS 301 N.W. 48TH TERRACE					1.3 STREET ADDRESS					
CrTY-ST-ZiP	-SI-ZIP PLANTATION FL 1.4				ITY-S	T-21P				
TITLE	D		DELETE	2 1 7	TITLE				Change Addition	
NAME	HARRIS, VERONICA M.				AME				- 	

12. THILE NAME STREE CrTY-NAME STREET ADDRESS 301 N.W. 48TH TERRACE 23 STREET ADDRESS PLANTATION FL CITY - \$T - ZIP 24 CITY-ST-ZIP TITLE DELETE Change Addition 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5 1 TIBLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition 6. 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 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 cath; 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 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DELLA CONTROL DELLA CONTROL

(954) 584-7019

Daytime Phone #

CR2E034 (12/95)