

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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # **589878 (8)**
1. Corporation Name
AMERICAN TECHNICAL SUPPLIERS, INC.



Principal Place of Business: P.O. BOX 522450 MIAMI FL 33152
Mailing Address: P.O. BOX 522450 MIAMI FL 33152

3. Date Incorporated or Qualified: **10/25/1978**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1854190**
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. **2875 NW 82 Avenue**
22. Suite, Apt. #, etc.
23. **Miami, Florida**
24. Zip **33122** 25. Country
2a. Mailing Address: 26. **2875 NW 82 Avenue**
27. Suite, Apt. #, etc.
28. **Miami, Florida**
29. Zip **33122** 30. Country

9. Name and Address of Current Registered Agent
BETANCOURT, HECTOR J.
434 ROVINO AVENUE
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **2875 NW 82 Avenue**
83.
84. City: **Miami** 85. State: **FL** Zip Code: **33122**

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 is required when filing this form.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BETANCOURT, HECTOR J.	
STREET ADDRESS	434 ROVINO AVE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BETANCOURT, MONICA S.	
STREET ADDRESS	434 ROVINO AVE.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, ERNESTO R.	
STREET ADDRESS	7911 LOS PINOS CIR	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2875 NW 82 Avenue
1.4 CITY - ST - ZIP	Miami, FL 33122
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2875 NW 82 Avenue
2.4 CITY - ST - ZIP	Miami, FL 33122
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2875 NW 82 Avenue
3.4 CITY - ST - ZIP	Miami, FL 33122
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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: *Hector J. Betancourt* **Hector J. Betancourt 4-10-96 305/591-1553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)