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 # **G49233** **(1)**

1. Corporate Name

MIAMI N.D.T., INC.

Mailing Address

P.O. BOX 552137
PO BOX 552137
MIAMI FL 33055
US

Mailing Address

P.O. BOX 552137
PO BOX 552137
MIAMI FL 33055
US

2. Principal Place of Business

21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Street Address
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **07/05/1983**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2448527** [ ] 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 application is mandatory for all eligible corporations (F.S. 119.07). Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

JENNINGS, KEITH
1100 N.W. 203 STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of the position as registered agent.

Signature

12. OFFICERS AND DIRECTORS

P
JENNINGS, KEITH
1100 N.W. 203 STREET
MIAMI, FL 00000
VTS
JENNINGS, WANDA
1100 N.W. 203 STREET
MIAMI FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental 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 a receiver or other court appointed fiduciary officer of the corporation; that I am familiar with the provisions of Chapter 607, Florida Statutes, and that my name appears above, or on attached list, as an officer or director with compensation.

SIGNATURE: 01-20-96 305-685-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number

CR2E034 (12/95)