## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H05169 (8)ADVANCED TELECOMMUNICATIONS SYSTEMS, INC. Principal Place of Business Mailing Address 1131 N.E. 214TH ST. 1131 N.E. 214TH ST. MIAMI FL 33179-1317 MIAMI FL 33179-1317 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1984 07/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2413994 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability or intangible tax under s. 199.032. Florida Statutes Yes No Zip Country 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUGHES, LEONARD G Street Address (P.O. Box Number is Not Acceptable) 82 1131 N.E. 214TH STREET 83 NO. MIAMI BEACH FL 33179 84 City 85 Zip Code 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 agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SIGNATURE Signature typed priprite finance the guitaria por as into integral aba DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 Title Change Addition NAME HUGHES, LEONARD G 1.2 NAME STREET ADDRESS 1131 N.E. 214 STREET 1.3 STREET ADDRESS CITY-ST-7IP N. MIAMI BEACH FL 33179 14 CHY - S1 - Zif DELETE 2.11014 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CiTY - ST - ZiP TITLE DEL ETE 3 1 HT: F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 34 CITY - S\* - 7 P DELETE 4 1 1:TLF Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY ST ZIP DELETE 5 1 1111,5 Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 54 CITY - ST - ZIP [] DELETE 6 1 THE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 C TY - ST 2-P

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further Too hereby certify that the information supplied with this unit is supplied and units and units and units and units and units 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

USING LEOMAN G. HUGHES
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/95)

CR2E034

4/20/96 (305)652-2254

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