

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H60825** (7)
1. Corporation Name

APPLIED ELECTRONIC SYSTEMS, INC.



Principal Place of Business: **10731 SW 49 TERR MIAMI FL 33165**
Mailing Address: **10731 SW 49 TERR MIAMI FL 33165**

3. Date Incorporated or Qualified: **06/07/1985**
3a. Date of Last Report: **09/22/1995**
4. FEI Number: **59-2558098**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**BASURTO, JUAN A.
10731 SW 49 TERR
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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 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

Signature type for printed name of officer, director, or registered agent (if applicable)

(NOTE: Registered Agents must be registered with the state.)

(Date)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D		
NAME	BASURTO, JUAN A.		
STREET ADDRESS	10731 SW 49 TERRACE		
CITY - ST - ZIP	MIAMI FL		
TITLE	D		
NAME	BASURTO, NORMA		
STREET ADDRESS	10731 SW 49 TERRACE		
CITY - ST - ZIP	MIAMI FL		
TITLE	PD	<input checked="" type="checkbox"/>	DELETE
NAME	KLOSS, RON		
STREET ADDRESS	11901 NW 42 STREET		
CITY - ST - ZIP	SUNRISE FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE		<input type="checkbox"/>	Change <input type="checkbox"/> Addition
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE		<input type="checkbox"/>	Change <input type="checkbox"/> Addition
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE		<input type="checkbox"/>	Change <input type="checkbox"/> Addition
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE		<input type="checkbox"/>	Change <input type="checkbox"/> Addition
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE		<input type="checkbox"/>	Change <input type="checkbox"/> Addition
62. NAME			
63. STREET ADDRESS			
64. 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, president, or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, and in an appointment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)