FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .133207

(8)

1. Corporation Name ELECTRONIC TECHNICAL SERVICE CORP. Principal Place of Business 12707 SW 117TH ST. MIAMI FL 33188 US 1284-4612 US			· · · · · · · · · · · · · · · · · · ·		
05		03	1		Date of Last Report //16/1996
2. Principal F	lace of Business	28. Mailing Address 26		4. FEI Number 59-2781620	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for intangible	
24	25 9. Name and Address of Curr	29	30	Florida Statutes Yes 10. Name and Address of New Registered	No
114		rent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	RTINEAU, CLINTON				
12707 SW 117TH ST. MIAMI FL 33188				Iress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	Fi	85 Zip Code
11. Pursuant office or i agent. La SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob Signature, typed or printed name of registered		tes, the above-named cor authorized by the corpora lorida Statutes. TE: Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the application of the purpose when reinstating) DATE	of changing its registered pointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME	MARTINEAU, CLINTON		1.2 NAME		
STREET ADDRESS	14103 SW 66 ST APT. B4		1.3 STREET ADDRESS		•
CITY ST-719	MIAMI FL	T prilite	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		C Applied T vocilion
NAME DOGGE LIDERGE			2.2 NAME		i
STREET ADDRESS	<u> </u>		2.3 STREET ADDRESS		*
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		January Carly Parkets
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-S1-ZIP		,	3.4. CITY-ST-ZIP	•	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	į		4.2 NAME		i
STREET ACIDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF			4.4 CPTY - SY - ZIP		
TIFLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREFT ADDRESS			5.3 STREET ADDRESS	•	·
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	1		62 NAME		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

FILED

May 12 1997 8:00am

Secretary of State

6.3 STREET ADORESS 6.4 CITY-ST-ZIP