FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:28

DOCUMENT # **K32588** **(1)**

1. Corporation Name
ADVANCE TECHNOLOGY MICROCOMPUTERS CO.

Principal Place of Business	Mailing Address
6745 NW 169 ST D MIAMI LAKES FL 33015-4247	1550 W. 53 ST. Hialeah, FL. 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1988	3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0070531	☐ 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
7. This corporation has filed its exemption tax under S. 193.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

~~GARCIA, CARLOS J.~~
~~6370 MENTEITH TERRACE~~
~~MIAMI FL 33015~~

10. Name and Address of New Registered Agent

81 Name: JULIAN AGREDO
82 Street Address (P.O. Box Number is Not Acceptable): 6745 NW 169th St - D
83
84 City: Miami Lakes, FL 85 Zip Code: 33015

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: X Julian Agredo (Signature and typed or printed name of registered agent and the date) NOTE: Registered Agent signature required when submitting. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	MOISES, CARLOS J.	12 NAME	MOISES, CARLOS	
STREET ADDRESS	6370 MENTEITH TERRACE	13 STREET ADDRESS	6745 NW 169th St - D	
CITY ST ZIP	MIAMI LAKES FL	14 CITY ST ZIP	Miami Lakes, FL 33015	
TITLE	~~VPD~~	21 TITLE		☒ Change ☐ Addition
NAME	~~GARCIA, CLARA R.~~	22 NAME	No longer an officer	
STREET ADDRESS	~~6370 MENTEITH TERRACE~~	23 STREET ADDRESS		
CITY ST ZIP	~~MIAMI LAKES FL~~	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: Julian Agredo 8-N-95
SIGNATURE AND TYPED OR PRINTED NAME OF ANY OFFICER OR DIRECTOR — Date — Daytime Phone #

FORM CR