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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 **DOCUMENT # K32588**

ADVANCE TECHNOLOGY MICROCOMPUTERS CO.

Principal Place of Business Mailing Address 1550 W 53 STREET 1550 W 53 STREET28 HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1988 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-007053° Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intengible tax under s. 199.032, 25 30 Yes 🔲 No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AGREDO, JULIAN - 6745 NW 169TH STREET-D Street Address (P.O. Box Number is Not Acceptable)

1550 W. 53 Pd. Street 82 MIAMI LAKES FL 33015 83 Zip Code 33012 84 City 85 Lia lean 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, typod or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change TITLE PTD Addition MOISES, CARLOS J. NAME 1.2 NAME STREET ADDRESS 1550 W 53RD STREET 1.3 STREET ADDRESS HIALEAH FL 3*3017* CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE -THTLE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - \$1 - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** DITY-ST-ZIP 64 CITY-ST-ZIP

stitte tiedumen SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report of 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 12 of Block 12 of Block 12 of Block 13 if changed, or on an attachment with an address.

FILED

Feb 03 1997 8:00am

Secretary of State

(96/6)