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PR CORPC ANNUAL	PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sangra B Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUMENT # K54462			2									
 Corporation Na 	ame	ass produ	CTS, INC	•								
Principa: Place of Business 5443 NW 72 AVE MIAMI FL 33166 US			PO I	Mailing Adoress PO BOX 521375 MIAMI FL 33152-1375 US					Date Incorporated or Qualified	3a. Da	ate of Last Rep	ort
									 Date Incorporated or Qualified 12/15/1988 	ļ	04/21/19	95
2. Principal Place	e of Business		F "1	ng Address					4. FEI Number 65-0091772		<u> </u>	oplied For ot Applicable
Suite, Apt. #,	etc		k	, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
Crty & State			F	City & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Co	28 Ζιρ	Zip Country					8. This corporation has liability or intangible tax under s 199.032. Florida Statutes				
24	25	idress of Current	29 Penistered	Agent	_[30]_	_T			10. Name and Address of New	Registere	d Agent	
PADRON, EVERARDO E. 3680 S.W. 139TH AVE. MIAMI FL 33175						83 84 Oity			s (P.O. Box Number is Not Accept	F		Code
or registere familiar with	a agent, or both, in it, and accept the c	Sections 607.0502 In the State of Florid bligations of, Section	on 607.0505	, Florida Statute	S.		named corporation's b		on submits this statement for the political directors. Thereby accept the approximation of the political directors are presented to the political directors.	<u>UA</u> I		
12.	aged are open as promo-	OFFICERS AND	DIRECTOR	IS		3.			ADDITIONS/CHANGES TO C	FFICERS A	Change	Addition
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NAME	PADRON, C					2 NAME	LAODRESS					
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NAME PROFEST ADDRESS	3660 S.W.	139TH AVE.			1.		LADORESS					
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LITTE	1				1			1				

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 angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further that the information indicated in Section 119.07(3)(k), Florida Statutes in the certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further that the information indicated in Section 119.07(3)(k), Florida Statutes in the certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further that the information indicated in Section 119.07(3)(k), Florida Statutes in the certify that the information indicated in Section 119.07(3)(k), Florida Statutes in the certify that the information indicated in Section 119.07(3)(k), Florida Statutes in the certify that the information indicated in Section 119.07(3)(k), Florida Statutes in the certify that the information indicated in Section 119.07(3)(k), Florida Statutes in the certific that the information indicated in Section 119.07(3)(k),

5.2 NAME

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6.3 STREET ACCORDS

5.4 CHY S1-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

DELETE

☐ Change ☐ Addition

CR2E034 (12/95)