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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K66329

ADVANCE TECHNICAL SYSTEMS, INC.

(9)

FILED Apr 09 1997 8:00am Secretary of State

'	ne of Business	Mailing Ad					···	
6167 NW 181 TERR CIR NO. MIAMI FL 33015 US			6167 NW 181 TERR CIR NO. Miami Fl 33015-5619					
Vo		00				3. Date Incorporated or Qualified 02/03/1989	3a. Date of La 04/11/199	
2. Principal Place of Business		2a, Mailing	2a. Mailing Address			4. FEI Number		Applied For
21		26				65-0168680		Not Applicable
Suite, Apr 22		27	pt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Sta 23	and a street of the same of th	City & S	State	,		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip		Count	ry	6. This corporation has liability fo		ler s. 199.032,
24	25	29		30			Yes No	
	9. Name and Address of Cu	rrent Hegistered Ag	jent	- B	1 Name	10. Name and Address of New F	legistered Agent	
	SAS, ALEJANDRO	nnu		10	Name			
	87 NW 181 TERR CIRCLE NO Ami Fl 33015	KIN		8	2 Street	Address (P.O. Box Number is Not Accepta	able)	
MU	-mi FL 33013			8:	3			
				6	4 City		FL 85	Zip Code
11. Pursuan	t to the provisions of Sections 607	.0502 and 607.1508.	Florida Statute	es, the abo	ve-named	corporation submits this statement for the		na its registered
office or agent. I	registered agent, or both, in the Stam familiar with land accept the c	state of Florida, Such obligations of, Section	change was a 1607.0505, Flo	authorized i orida Statuti	oy the corp es.	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	ept the appointmen	it as registered
SIGNATURE	Signature (graph or producting the of registers			E: Registered A		e required when reinstating)	DATE	
	Signature appropriate frame of registers OFFICE RS) (NOTI	E: Registered A		required when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
SIGNATURE	Since type or present name of register OFFICERS	ed agent and title it applicable			gent signature			
SIGNATURE 12. THE NAME	OFFICERS OCASAS, ALEJANDRO	ed agent and title it applicable) (NOTI	13. 1.1 TITLE 1.2 NAME	gent signature		ICERS AND DIREC	
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS CASAS, ALEJANDRO 6167 NW 181 TERR CR N	ed agent and title it applicable) (NOTI	13. 1.1 TITLE 1.2 NAME	gent signature		ICERS AND DIREC	
SIGNATURE 12. 1016 NAME STREET ADDRESS CITY ST-YAP	OFFICERS D CASAS, ALEJANDRO 6167 NW 181 TERR CR N MIAMI FL	ed agent and title it applicable	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	gen: signature	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	nge 🔲 Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-749 THEE	OFFICERS D CASAS, ALEJANDRO 6167 NW 181 TERR CR N MIAMI FL DS	ed agent and title it applicable) (NOTI	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	gent signature	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	nge 🔲 Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-76* THEE NAME	OFFICERS D CASAS, ALEJANDRO 6167 NW 181 TERR CR N MIAMI FL DS CASA, AMYET	ed agy in and title in applicable AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	nge 🔲 Addition
SIGNATURE 12. THE NAME STREET ADDRESS CTY-ST-7R THEE NAME STREET ADDRESS	OFFICERS D CASAS, ALEJANDRO 6167 NW 181 TERR CR N MIAMI FL DS CASA, AMYET 6167 NW 181 TERR CIR N	ed agy in and title in applicable AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	gent signature EY ADDRESS -ST-ZIP EY ADDRESS	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	nge 🔲 Addition
SIGNATURE 12. TILLE NAME STREET ADDRESS CITY-ST-28* TILLE NAME STREET ADDRESS CITY-ST-21*	OFFICERS D CASAS, ALEJANDRO 6167 NW 181 TERR CR N MIAMI FL DS CASA, AMYET 6167 NW 181 TERR CIR N MIAMI FL	ed agy in and title in applicable AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	gen: signature ET ADDRESS - \$T-ZIP ET ADDRESS - \$T-ZIP	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	nge Addition
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il report is true and accurate and that my signature shall have the same legal effect as it made under o stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

0122866