

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K84610 (0)

1. Corporation Name

AA COMMUNICATIONS SERVICES CORP.



Principal Place of Business

Mailing Address

6419 SW 19TH STREET
6320 MIRAMAR PKWY STE. B
MIRAMAR FL 33023
US

P.O. BOX 5205
6320 MIRAMAR PKWY STE. B
HOLLYWOOD FL 33083
US

3. Date Incorporated or Qualified

05/01/1989

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0119836

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 875 NW 155 TERRACE

26 P.O. BOX 820038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pembroke Pines, Florida

28 So. Florida, Florida

Zip

Country

Zip

Country

24 33028

25

29 33082-0038

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, RODOLFO J., JR.
6419 SW 19TH STREET
MIRAMAR FL 33023

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME RODRIGUEZ, RODOLFO J.
STREET ADDRESS 6419 SW 19TH STREET
CITY-STATE-ZIP MIRAMAR FL

TITLE VS ☐ DELETE
NAME RODRIGUEZ, MARITZA
STREET ADDRESS 6419 SW 19TH STREET
CITY-STATE-ZIP MIRAMAR FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE PT ☒ Change ☐ Addition
2. NAME RODRIGUEZ, RODOLFO J.
3. STREET ADDRESS 875 NW 155 TERRACE
4. CITY-STATE-ZIP PEMBROKE PINES, FL. 33028

2. TITLE V.S. ☒ Change ☐ Addition
3. NAME RODRIGUEZ, MARITZA
4. STREET ADDRESS 875 N.W. 155 TERRACE
5. CITY-STATE-ZIP PEMBROKE PINES, FL. 33028

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY-STATE-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)(k), 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:

Rodolfo J. Rodriguez Jr. RODOLFO J. RODRIGUEZ JR. 3-29-96 (954) 966-4474

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DAY

DAYTIME PHONE

CR2E034 (12/95)