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 # **L11703** **(0)**

1. Corporation Name

THE AUTOMATED GROUP INC.

Principal Place of Business

2850 NW 79TH AVE
MIAMI FL 33122
US

Mailing Address

2850 NW 79TH AVE
3900 NW 79 AVE.. STE. 300
MIAMI FL 33122
US

3. Date Incorporated or Qualified: **08/28/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **65-0141710** — 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

9. Name and Address of Current Registered Agent

HENRY-SALVANT, CARL
2850 NW 79 AVE
SUITE 300
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant a Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or regist authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar v Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when resisting)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SALVANT, CARL-HENRY	
STREET ADDRESS	15760 BULL RUN RD #1696	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☒ DELETE
NAME	GALLARDO, JUAN CARLOS	
STREET ADDRESS	9053 SW 6 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	RENE PEREZ-BORROTO	
2.3 STREET ADDRESS	1310 West 46 Str. #7	
2.4 CITY-ST-ZIP	Hialeah, FL. 33012	
3.1 TITLE	Secretary & DIR.	☒ Change ☐ Addition
3.2 NAME	ALIX SALVANT	
3.3 STREET ADDRESS	6205 SW 116 Str.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33156	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: _____ 4/29/96 305-597-9740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)