FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L24495 (8)

1. Corporation Name
ADVANCED TECHNOLOGY USA INC.

Principal Place of Business	Mailing Address
C/O VIVIENNE BROWN 1165 NORTH SHORE DRIVE MIAMI BEACH FL 33141	C/O VIVIENNE BROWN 1165 NORTH SHORE DRIVE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1000 Quayside Terr
Suite, Apt. #, etc.
22 #1608
City & State
23 MIAMI FL.
Zip 24 33138 Country 25 USA

2a. Mailing Address c/o V Brown
26 1000 Quayside Terr
Suite, Apt. #, etc.
27 1608
City & State
28 Miami FL
Zip 29 33138 Country 30 USA.

4. FEI Number: 65-0153300 ☐ 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

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, VIVIENNE
1165 NORTH SHORE DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) ~~2167~~ 1000 QUAYSIDE TERR #1608
83
84 City MIAMI FL 85 Zip Code 33138

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	BROWN, VIVIENNE	12 NAME	
STREET ADDRESS	1165 NORTH SHORE DR.	13 STREET ADDRESS	1000 QUAYSIDE TERR #1608
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	MIAMI FL 33138
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MITSUKAZU, TACHIBANA	22 NAME	
STREET ADDRESS	1000 GUAYSIDE TERR #1608	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 305 892 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150002 CP