

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18, 1999 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

02-18-1999 90110 035 ****150.00

DOCUMENT # L60307

1. Corporation Name
ADVANCED TECHNOLOGY SALES INTERNATIONAL, INC.



Principal Place of Business
 16401 NW 58TH AVENUE
 MIAMI LAKES FL 33014
 US

Mailing Address
 16401 NW 58TH AVENUE
 MIAMI LAKES FL 33014
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1990

4. FEI Number
65-0189638

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

FULLER, ALLEN D.
2601 SOUTH BAYSHORE DRIVE
SUITE 1500
MIAMI FL 33133

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 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

DELETE

TITLE **D**

NAME **BROOKS, G. ALAN**

STREET ADDRESS **16401 NW 58TH AVENUE**

CITY-ST-ZIP **MIAMI FL**

TITLE **VS**

NAME **BROOKS, NANCY**

STREET ADDRESS **16401 NW 58 AVENUE**

CITY-ST-ZIP **MIAMI FL 33014**

TITLE **T**

NAME **BROOKS, G. ALAN**

STREET ADDRESS **16401 NW 58 AVENUE**

CITY-ST-ZIP **MIAMI FL 33014**

TITLE **C**

NAME **MALDONADO, LILIAN**

STREET ADDRESS **16401 NW 58 AVE**

CITY-ST-ZIP **MIAMI FL 33014**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

PAID
 CCH #145 (1/28/99)

14. I hereby certify that the information supplied with this filing 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Lilian Maldonado **1/28/99 (305) 556-9122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)