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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L83291** **(9)**

1. Corporation Name

MICRO OPS CORPORATION

Principal Place of Business	Mailing Address
1100 SUNSET STRIP STE 2 SUNRISE FL 33313 US	1100 SUNSET STRIP STE 2 SUNRISE FL 33313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 2201 WEST SAMPLE RD.	26 2201 WEST SAMPLE RD.
Suite, Apt. #, etc 22 BDG. 8, SUITE 3-B	Suite, Apt. #, etc 27 BDG. 8, SUITE 3-B
City & State 23 POMPANO BCH., FL	City & State 28 POMPANO BCH., FL
Zip 24 33073	Zip 29 33073
Country 25 USA	Country 30 USA

4. FEI Number: 65-0234767 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAMETTA, MARIO A 1120 SUNSET STRIP SUNRISE FL 33313	81 Name: MARIO A. RAMETTA 82 Street Address (P.O. Box Number is Not Acceptable): 5346 N.W. 99TH WAY 83 84 City: CORAL SPRINGS FL 85 Zip Code: 33076

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] MARIO A. RAMETTA PRESIDENT 2/9/95
(Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	RAMETTA, MARIO A.	12 NAME	MARIO A. RAMETTA	
STREET ADDRESS	1812 ADVENTURE PLACE	13 STREET ADDRESS	5346 N.W. 99TH WAY	
CITY ST ZIP	N. LAUDERDALE FL	14 CITY ST ZIP	CORAL SPRINGS, FL 33076	
TITLE	DST	21 TITLE	SECRETARY TREASURER	☑ Change ☐ Addition
NAME	RAMETTA, TERESA	22 NAME	TERESA M. RAMETTA	
STREET ADDRESS	1812 ADVENTURE PLACE	23 STREET ADDRESS	5346 N.W. 99TH WAY	
CITY ST ZIP	N. LAUDERDALE FL	24 CITY ST ZIP	CORAL SPRINGS, FL 33076	
TITLE	DV	31 TITLE		☑ Change ☐ Addition
NAME	RAMETTA, ALFRED J.	32 NAME		
STREET ADDRESS	8536 NW 20TH COURT	33 STREET ADDRESS		
CITY ST ZIP	SUNRISE FL	34 CITY ST ZIP	33322	
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 if changed, or on an attachment with an address.

SIGNATURE: [signature] MARIO A. RAMETTA 2/9/95 305 977-0932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231P02 CP