

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L83291 (9)
1. Corporation Name
MICRO OPS CORPORATION

Principal Place of Business

2201 W SAMPLE RD. BDG. 8
STE. 3-B
POMPANO BCH FL 33073
US

Mailing Address

2201 W SAMPLE RD. BLG. 8
STE 3-B
POMPANO BCH FL 33073
US

FILED
Jan 27 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 2301 W. SAMPLE RD.

22 Suite, Apt. #, etc.
BDG. 2 STE. 2-A

23 City & State
POMPANO BCH, FL

24 Zip 33073 Country US

2a. Mailing Address

26 2301 W. SAMPLE RD.

27 Suite, Apt. #, etc.
BDG. 2, STE. 2-A

28 City & State
POMPANO BCH, FL

29 Zip 33073 Country US

9. Name and Address of Current Registered Agent

RAMETTA, MARIO A
5346 NW 99TH WAY
CORAL SPRINGS FL 33076

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

Signature, typed or printed name of registered agent and title if applicable.

MARIO A. RAMETTA

1/20/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
RAMETTA, MARIO A.
5346 NW 99TH WAY
CORAL SPRINGS FL

TITLE ST ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
RAMETTA, TERESA
5346 NW 99TH WAY
CORAL SPRINGS FL

TITLE DV ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
RAMETTA, ALFRED J.
8536 NW 20TH COURT
SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ 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

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.

SIGNATURE:

SIGNATURE REQUIRED

1/20/98

954-977-0932

CR2E034 (10/97)