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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # M52774

(0)

AMERICAN ADVANCE TECHNOLOGIES CORP.

FILED May 12 1997 8:00am Secretary of State

Principal Piace	e of Business	Mailing Address			
1691 W. 37TH STREET		1691 W. 37TH STREET			
34	A111001	34			
HALEAH FL 33012		HIALEAH FL 33012-4652			
US		U\$		3. Date Incorporated or Qualified	3a. Date of Last Report
				05/27/1987	05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2814123	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	e annual annual sur mariant annual	C. Certificate of Glates Beside	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζίρ	Country	Zip	Country	B. This corporation has liability for	
24	[25]	[29]	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro	egistered Agent
	IEZ, ANTONIO, JR		81 Name	OHOSTUR, STHOT	. JR
10301 NW 9 DI OH NIELJ APON CC 82 Street Addre			ess (P.O. Box Number is Not Accepta		
#10 4	· ·		1042	0 NW 22 ST	,
Mian	d[FL 33172		83		
			84 City		85 Zip Code
			" ନିନ୍ଦେନ	ROKE PINES	FL 33026
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati			purpose of changing its registered
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 agont, 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					
BIGITATORE	Signature, typod or printed name of registered agen	and lifte if applicable (NC	DL Registeres Agent signature requir	ed when reinstating)	DATE
12.	OFFICERS AND	the second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section section is a second section of the second section section is a second section of the second section sec	18.	ADDITIONS/CHANGES TO OFFI	
TITLE	D ANTONIO (ID)	☐ DEFELE	1.1 1011		Change Addition
NAME	GOMEZ, ANTONIO (JR.)		1.2 NAME		
STREET ADDRESS	10420 N.W. 22ND ST.		1.8 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 C(1)Y - S1 - Z(P		
TITLE		L DELETE	2.1 TITLE		Change Addition
NAME			2.8 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
City-St-ZiP			2 4 CHTY - S1 - 21P		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
. NAME			3 9 NAME		
STREET ADDRESS			3 9 STREET ADDRESS		
City-St-Zip			3 4. CHY+S1-2IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 9 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE	-	☐ DELETE	5 1 1ITLF		Change Addition
NAME			5.9 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.8 NAME		
STREET ADDRESS			6.8 STREET ADDRESS		

14. I do 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 eath; 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