

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M59177 (9)

1. Corporation Name

MICROTRON INTERNATIONAL CORP.

Principal Place of Business

6532 NW 170 LN
MIAMI FL 33015
US

Mailing Address

P.O. BOX 173006
MIAMI FL 33017-3006



3. Date Incorporated or Qualified

09/17/1987

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

21 8362 PINES BLVD,

2a. Mailing Address

26 8362 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 402

27 SUITE 402

City & State

City & State

23 PEMBROKE PINES, FL

28 PEMBROKE PINES, FL

Zip

Country

Zip

Country

24 33024

25 USA

29 33024

30 USA

4. FEI Number

65-0006015

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, HELAINE
6532 NW 170TH LANE
MIAMI FL 33015

81 Name

LOWE, HELAINE

82 Street Address (P.O. Box Number is Not Acceptable)

8362 PINES BLVD, # 402

83

84 City

PEMBROKE PINES

FL

85 Zip Code
33024

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME LOWE, HELAINE
STREET ADDRESS 6532 NW 170TH LANE
CITY-ST-ZIP MIAMI FL ☐ DELETE

1.1 TITLE PSD
1.2 NAME LOWE, HELAINE ☒ Change ☐ Addition
1.3 STREET ADDRESS 8362 pines Blvd, # 402
1.4 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/1996

(305) 556-2528

Date

Daytime Phone #

CR2E034 (12/95)