

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000000063 (7)

1. Corporation Name

PROTECH TELECOMMUNICATION SYSTEMS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 12 AM 9:01

Principal Place of Business

**8603 NW 54TH ST
MIAMI FL 33166
US**

Mailing Address

**10899 SW 72 ST
SUITE 201
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0366934

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **8603 NW 54TH STREET**

Suite, Apt. #, etc.

27 City & State

28 **MIAMI FL**

29 Zip

33166

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

**GARCIA, ALEJANDRO
10899 SW 72 ST
SUITE 201
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

ALEJANDRO GARCIA

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

83

1626 SW 136TH PLACE

84 City

MIAMI

FL

85 Zip Code

33175

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

ALEJANDRO GARCIA

6/1/95

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **GARCIA, ALEJANDRO**
STREET ADDRESS **8451 SW 38 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE **PD**
NAME **RIVERO, RENE A**
STREET ADDRESS **20230 SW 124 AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**
1.2 NAME **GARCIA, ALEJANDRO**
1.3 STREET ADDRESS **1626 SW 136TH PLACE**
1.4 CITY - ST - ZIP **MIAMI, FL 33175**

2.1 TITLE
2.2 NAME **RENE RIVERO**
2.3 STREET ADDRESS **NO LONGER WITH THE COMPANY**
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

(305) 593-9004