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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sariora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

oath; that I am an officer of appears in Block 12 of Block

SIGNATURE:

DOCUMENT #

P94000061047 (4)

Maling Address

ADVANCED COMMUNICATION TECHNOLOGIES SYSTEM, INC.

Principal Place of Business 4315 NW 7TH STREET 4315 NW 7TH STREET SUITE 19 SUITE 19 MIAMI FL 33126 3a. Date of Last Report MIAMI FL 33126 3. Date Incorporated or Qualified ÜS 08/18/1994 03/03/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0513354 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Added to Fees Trust Fund Contribution 28 23 Country Ζıρ Country 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MENDEZ, RUBEN H 82 4301 N.W. 18 STREET **A3 SUITE 315** 85 Zip Code **MIAMI FL 33126** 84 City 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 Honda, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of. Section 607.0508, Florida Statutes. SIGNATURE guille. By gethered Agent segnal on root men CR2E034 (12/95) Signature, typed or printed harry of registers cages to additions applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TO LE THE 1.2 NAME MENDEZ, RUBEN H NAME 4301 N.W. 18 STREET, SUITE 315 1.3 SUBSET ADDRESS STREET ADDRESS MIAMI FL 33126 14 Cilly - ST ZiP CITY - ST - ZIF Change ☐ Addition DELETE 2.1 THLF STD-TiTLE -RIVERO-JUVENAL-2.2 NAME NAME 4301 NW-7TH STREET, #111 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY - ST - ZIP MIAMI FL CHTY ST-ZIP Change Addition DELETE 3 1 T: D.E. TITLE 3.2 NAME NAME 3.3 STREET ACORESS STREET ADDRESS 3.4 CHY - ST - ZIF CITY - S1 - ZIP Change Addition DELETE 4 1 TI LF TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 C: Ex - \$1 - 7:P CITY-ST-ZIP [] Change Addition DELETE 5 1 THLE TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7/P Addition CITY - ST - ZIP ☐ Change DELF1E 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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)(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 cartify that I had not office of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applications in Right 12 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

changed, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR