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FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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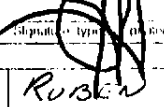
DOCUMENT # P94000061047(4)
 1. Corporation Name
ADVANCED COMMUNICATIONS TECHNOLOGIES SYSTEM, INC.

Principal Place of Business 4805 NW 79 AVE #5 MIAMI FL 33166	Mailing Address 4805 NW 79 AVE #5 MIAMI FL 33166
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2. Principal Place of Business 21 4805 NW 79 AVE Suite, Apt. #, etc. 22 #5 City & State 23 MIAMI FL Zip 24 33166	2a. Mailing Address 26 4805 NW 79 AVE Suite, Apt. #, etc. 27 #5 City & State 28 MIAMI FL Zip 29 33166	3. Date Incorporated or Qualified 8/18/94 3a. Date of Last Report 1996 4. FEI Number 65-0513354 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
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9. Name and Address of Current Registered Agent MENDEZ, RUBEN H 4805 NW 79 STREET SUITE #5 MIAMI, FL 33126	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4805 N.W. 79 AVE. 83 SUITE #5 84 City MIAMI
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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 type and printed name of registered agent and officer, if applicable) (NOTE: Registered Agent signature required when renewing) DATE	
12. OFFICERS AND DIRECTORS 11 TITLE PD 11 NAME RUBEN M. MENDEZ ☐ DELETE 11 STREET ADDRESS 4805 NW 79 AVE #5 11 CITY-ST-ZIP MIAMI FL 33166 12 TITLE ☐ DELETE 12 NAME 12 STREET ADDRESS 12 CITY-ST-ZIP 13 TITLE ☐ DELETE 13 NAME 13 STREET ADDRESS 13 CITY-ST-ZIP 14 TITLE ☐ DELETE 14 NAME 14 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE ☐ DELETE 15 NAME 15 STREET ADDRESS 15 CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(g), 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 13, if changed, or on an attachment with an address.

SIGNATURE:  **RUBEN M. MENDEZ** **4/24/97** **(305) 406-9902**