

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085844 (6)

1. Corporation Name

AMERITEK OF FORT LAUDERDALE, INC.



Principal Place of Business

1876 N UNIVERSITY DRIVE
SUITE 101-J
FORT LAUDERDALE FL 33322

Mailing Address

1876 N UNIVERSITY DRIVE
SUITE 101-J
FORT LAUDERDALE FL 33322

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 6635 W. COMMERCIAL
Suite, Apt. #, etc.

22 111
City & State

23 FT. LAUDERDALE, FL
Zip Country

24 33319 25 USA

2a. Mailing Address

26 6635 W. COMMERCIAL
Suite, Apt. #, etc.

27 111
City & State

28 FT. LAUDERDALE, FL
Zip Country

29 33319 30 USA

4. FEI Number

65-0544790

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

RODO, CARLOS E
1876 N UNIVERSITY DRIVE
SUITE 101-J
FORT LAUDERDALE FL 33322

10. Name and Address of New Registered Agent

81 Name

RODO, CARLOS E.

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

6635 W. COMMERCIAL BLVD

83

111

84 City

TAMARAC

FL

85 Zip Code

33398

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]

CARLOS E. RODO, PRES

7/16/96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RODO, CARLOS E
STREET ADDRESS 5711 NW 54 TERRACE
CITY-STATE-ZIP TAMARAC FL 33319 ☐ DELETE

TITLE VTD
NAME RODO, FELIPE J
STREET ADDRESS 5711 NW 54 TERRACE
CITY-STATE-ZIP TAMARAC FL 33319 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address

SIGNATURE

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS E. RODO, PRES

7/16/96

(954) 724-1144

CR2E034 (12/95)