## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Sep 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400085844 (6)

AMERITEK OF FORT LAUDERDALE, INC.					
		-,		E SECULOR IN A SECULOR OF A SECUENCE OF A SECULOR OF A SE	I SAIR: ARAN Meldi (Alli Alde) alai (An
Principal Place	e of Business	Mailing Address		-{	( COLOT 1010) DISELSON STATE DIDE
6635 W. COMMERCIAL 6635 W COMMERC					
111	menty to	111			
FORT LAUDERDALE FL 33319		FORT LAUDERDALE FL 33319		DO NOT WRITE	
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				11/28/1994	07/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0544790	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	**	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation owes or has pair	
24	25	29 3	10	Personal Property Tax due June	
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Reg	listered Agent
	DO, CARLOS E		o, Name		
6835 W COMMERCIAL BLVD			82 Street Addre	ess (P.O. Box Number is Not Acceptable	е)
<b>#111</b>				· · · · · · · · · · · · · · · · · · ·	
TAN	MARAC FL 33318		63		
			<b>84</b> City		85 Zip Code
	·				FL   S   Zip Code
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.					
agent I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	or a board or an esters. Thereby decop	the appointment as registered
SIGNATURE					1
	Signature, typed or printed name of registered agn		Registered Agent signature require		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSD CARLOOF	☐ DELETE	1.1 TOTLE		Change Addition
NAME	RODO, CARLOS E		1.2 NAME		
STREET ADDRESS	5711 NW 54 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DEFELE	2.1 TITLE		☐ Change ☐ Addition
NAME	RODO, FELIPE J		2.2 NAME		
STREET ADDRESS	5711 NW 54 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ľ
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
			1		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 impowered 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 he address.