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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000086820 (5)

ADVANCED INTERNATIONAL SYSTEMS, INC.

Principal Place of Business Mailing Address 19951 NE 36TH PL 19951 NE 36TH PL N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0541356 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country untry Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name YOHROS, DAVID 19951 NE 36TH PL Street Address (P.O. Box Number is Not Acceptable) 82 N MIAMI BEACH FL 33180 83 84 City 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. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DPTS DELETE 1.1 TITLE Change Addition TITLE YOHROS, DAVID NAME 1.2 NAME 19951 NE 36TH PL STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BEACH FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 THLE

14. I 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 or supplemental annual reporting fou and acturate 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 trustled employee at 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 infattives.

3.2 NAME

41 TITLE

4.2 NAME

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

__ DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

CIGNATURE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE NAME

CITY-ST-ZIP

1/14/17

(205)417-2747

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 23 1998 8:00am

Secretary of State