FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P95000024810 (0)

INDUSTRIAL TECHNICAL SUPPORT, INC.

Principal Place	of Duringer	Mailing Address			
8567 CORAL W. UNIT 201 MIAMI FL 33155	AY	8567 CORAL WAY UNIT 201 MIAMI FL 33155-2335			
				3. Date Incorporated or Qualified 03/28/1995	3a. Date of Last Report 03/19/1996
· ·	ace of Rusiness	2a. Mailing Address		4. FEI Number	Applied For
21	0	26		65-0577557	Not Applicab
Suite, Apt :		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	?	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30		Yes No
	9, Name and Address of Curren	t Registered Agent	81 Name	10, Name and Address of New Rep	jistered Agent
	OBAR, MANUEL		81 Name		
	CORAL WAY		82 Street Ad	ldress (P.O. Box Number is Not Acceptab	le)
UNIT 201 MIAMI FL 33155			83		
MINAN	ni i L 00100		84 City		85 Zip Code
			Only		FL S Zip Code
office or re agent. Fai SIGNATURE	to the provisions of Sections 607,050, egistered agent, or both, in the State in familiar with, and accept the obligation of the obligat	of Florida Such change was ations of, Section 607.0505, Fl	tes, the above-named or authorized by the corpoi orida Statutes. TE Registered Agent signature re-	progration submits this statement for the pration's board of directors. I hereby acceptions when renstating	urpose of changing its registered it the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THUE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESCOBAR, MANUEL		1.2 NAME		
STREET ADDRESS	8567 CORAL WAY UNIT 201		1.3 STREET ADDRESS	2	
CITY-ST-2)P	MIAMI FL		1.4 CITY-ST-ZIP		
TOTLE	SD	☐ DELETE	2.1 TITLE		Change Addition
NAME	CASAVERDE, LUIS		2.2 NAME		
STREET ADDRESS	8567 CORAL WAY UNIT 201		2.3 STREET ADDRESS	•	,5°
Cilly - SI - ZIP	MIAMI FL	T DELETE.	2. 4 CITY-ST-ZIP		The second second second
TITLE		☐ DELETE	3.1 TITLE		L Change L Addition
NAME			3.2 NAME	•	
STREET ADDRESS CITY-ST-7P			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
Title	*****	☐ DELETE	4.1 TITLE	715.00	☐ Change ☐ Addition
NAME		—	4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
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	a a	
City-St-ZiP			5.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP	w could that the information supplier	N with this filing dose not avail	6.4 CITY-ST-ZIP	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information I am an of appears ii	in indicated on this annual report or s ficer or director of the corporation or n Block 12 or Block 13 if changed, or	upplemental annual report is the receiver or trustee empor in an attachment with an ad	true and accurate and the wered to execute this reput dress.	hat my signature shall have the same lega port as required by Chapter 607, Florida S	i effect as if made under oath; the tatules; and that my name

Date

Daytime Phone #

0210119