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 # **P95000037854 (3)**

1. Corporation Name

AMERICAN TESTING & TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
195 NW 127 AVE MIAMI FL 33182	195 NW 127 AVE MIAMI FL 33182

3. Date Incorporated or Qualified: **05/12/1995** | 3a. Date of Last Report:

4. FEI Number: 65-0593324 | ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 195 NW 127 AVE	26 195 NW 127 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI	28 MIAMI
24 State FLORIDA Zip 33182	29 State FLORIDA Zip 33182
25 Country	30 Country

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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: X Elaine Enriquez PRESIDENT DATE: 3/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ENRIQUEZ, VIRGINIO		2 NAME	
STREET ADDRESS	195 NW 127 AVE		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ENRIQUEZ, ELAINE		22 NAME	
STREET ADDRESS	195 NW 127 AVE		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182		24 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	
TITLE		☐ DELETE	81 TITLE	☐ Change ☐ Addition
NAME			82 NAME	
STREET ADDRESS			83 STREET ADDRESS	
CITY-ST-ZIP			84 CITY-ST-ZIP	
TITLE		☐ DELETE	101 TITLE	☐ Change ☐ Addition
NAME			102 NAME	
STREET ADDRESS			103 STREET ADDRESS	
CITY-ST-ZIP			104 CITY-ST-ZIP	
TITLE		☐ DELETE	121 TITLE	☐ Change ☐ Addition
NAME			122 NAME	
STREET ADDRESS			123 STREET ADDRESS	
CITY-ST-ZIP			124 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid, currently furnished and 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 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 on an attachment with an address.

SIGNATURE: X Virginio Enriquez Virginio Enriquez Vice-Pres. 3/30/96 (305) 225-1011 908-324-0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #