

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000038335 (2)**

1. Corporation Name

**ADVANCED ADS, INC.**



Principal Place of Business

Mailing Address

**960 MARINER DRIVE  
KEY BISCAYNE FL 33149**

**960 MARINER DRIVE  
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified

**05/15/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1525 NW 167 Street**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 150**

27

City & State

City & State

23 **Miami, Fl.**

28

Zip

Country

Zip

Country

24 **33169**

25 **Dade**

29

30

4. FEI Number

**65-0590081**

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

10. Name and Address of New Registered Agent

**MANGUART, JULIO E ESQ.  
SAAVEDRA & MANGUART, P.A.  
1428 BRICKELL AVENUE, MAIN FLOOR  
MIAMI FL 33131**

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 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 typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
SCOPETTA, GEORGE  
960 MARINER DRIVE  
KEY BISCAYNE FL 33149**

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

**President  
George Scopetta  
1525 NW 167 St. Suite #150  
Miami, FL. 33169**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Vice President  
John R. Scopetta  
1525 NW 167 St. #150  
Miami, FL. 33169**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Secretary/treasurer  
Ted Kirk  
1525 NW 167 St. Suite #150  
Miami, FL. 33169**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/6/96**

**305 620 8989**

CR2E034 (3/96)