

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000073766**

1. Corporation Name
Ancillary Technologies, Inc.

Principal Place of Business
**6931 NW 82 Avenue
Miami, FL 33166**

Mailing Address
Same

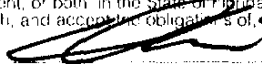
3. Date Incorporated or Qualified 9-25-95	3a. Date of Last Report 4-96
4. FEI Number 65-0634376	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**David O. Sullivan
264 DeSoto Drive
Miami, FL 33166**

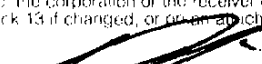
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	500002144405 -04/16/97--01004--010
84 City	***165.00 FL
85 Zip Code	

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  DATE **4-8-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	Secretary Joann Schwartz
STREET ADDRESS		1.3 STREET ADDRESS	12261 SW 113 Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Treasurer Margarita Balloveras
STREET ADDRESS		2.3 STREET ADDRESS	8825 SW 106 ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Vice President Ana B. Gil
STREET ADDRESS		3.3 STREET ADDRESS	663 S. Biscayne River Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Vice President Jose Sotomayor
STREET ADDRESS		4.3 STREET ADDRESS	5700 Collins Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Vice President Sosiah Akunsoji
STREET ADDRESS		5.3 STREET ADDRESS	8460 SW 133 Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33183
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Vice President Deborah Britton
STREET ADDRESS		6.3 STREET ADDRESS	20087 NE 2 Place
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33179

14. I, the undersigned, 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 reported 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:  DATE **4-8-97**

CR2E034 (9/96)