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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013075 (2)

14. I do hereby certify that the information supplied with this fill information indicated on this annual report or supplement tam an officer or director of the corporation or the transpears in Block 12 or Block 13 if changed, or or an attention.

SIGNATURE AND TYPED OF

SIGNATURE:

P.T.I. INSTRUMENTS CORP.

760 RIDGEWOOD ROAD 760 RIDJEWOOD ROAD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-2424 3. Date incorporated or Qualified 3a. Date of Last Report 02/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0640061 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 \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Z_{1D} Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SIMOES, RICARDO T **760 RIDGEWOOD ROAD** Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** 83 R4 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 (NOTE: Registered Agent signature required when reinstating) DATE Stgriature, typoid or porteo name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. PSD Addition DELETE 1.1 TITLE ☐ Change THE SIMOES, RICARDO T 1.2 NAME NAME 760 RIDGEWOOD ROAD STREET ADDRESS 1.3 STREET ADDRESS **KEY BISCAYNE FL 33149** 1.4 CITY-ST-ZIP C/TY - ST - 2/P DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ASORESS CHTY- \$1 - 717 2 4 CITY-ST-ZIP DELETE ☐ Change Add:tion THILE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-2H DELETE Change Addition 4.1 TITLE 1011 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS City-St-ZiP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE THLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 61 TITLE Change ■ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City - St - ZiP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 23 1997 8:00am Secretary of State



Qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the sort is true and accurate and that my signature shall have the same legal effect as if made under path; that empowered to execute this true was required by Chapter 607, Florida Statutes; and that my name

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