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

PROFIT CORPORATION ANNUAL REPORT

1998

City & State

SIGNATURE: 5

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070058 (8)

ADVANCED PROCUREMENT SYSTEM, INC.

Country

9. Name and Address of Current Registered Agent

25

RINCON, BELKIS L 8230 NW 10TH ST., #8

| Principal Place of Business | Mailing Address | |
|-----------------------------------------|-----------------------------------------|--|
| 8290 NW 10TH ST #8 MIAMI FL 33126 | 8230 NW 10TH ST #8 MIAMI FL 33126 | |
| Principal Place of Business 1 | 2a. Mailing Address 26 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |

28

29

City & State

Zip

FILED
Jan 28 1998 8:00am
Secretary of State



Applied For

Fee Required

\$5.00 May Be

Added to Fees

□ No

☐ Yes

305.264-1006

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1996

8. This corporation owes or has paid the current year Intangible

4. FEI Number

65-0705874

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

| MIAMI FL 33126 | | | "- | Ollect | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|--------------|-----------------------------------------------------------------------------------------------------------------------|----------------|---------|------------------------|-------------|--|
| | | | 83 | | | | | | \dashv | |
| | | | 84 | City | <u> </u> | 85 | Zip C | 'ode | - | |
| | | | | • | FL | | • | | | |
| ORICE OF F | to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Section | a change was auth | orizea by | ine cori | corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apporation's | chang intme | ing its | registere egistered | i | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | (//0/10/10/10/10/10/10/10/10/10/10/10/10/ | 13. | n orginalare | ADDITIONS/CHANGES TO OFFICERS AND | DIRE | CTOR | S IN 12 | − [į | |
| TITLE | D | DELETE | 1.1 TITLE | | | Ch | | Addit | an S | |
| NAME | RINCON, BELKIS L | | 1.2 NAME | | | | - | | ; | |
| STREET ADORESS | 8230 NW 10TH ST., #8 | | 1.3 STREET | ADORESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 1.4 CITY-ST | - ZIP | | | | | | |
| TITLE | D | DELETE | 2.1 TITLE | | | Cha | ange | Additi | on c | |
| NAME | PAZ, CARLOS A | | 2.2 NAME | | | | | | ļ | |
| STREET ADORESS | 8230 NW 10TH ST., #8 | i | 2.3 STREET | ADDRESS | | | | | Ì | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 2. 4 CITY - S | r-zie | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | Ch | enge | Additi | on | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | 3.4. CITY-S | r-21P | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Cha | inge | Additi | nc | |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | - ZIP | | | | | _ | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ı | | Cha | inge | Additi | nc | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET A | DDRESS | | _ | | | Ì | |
| CITY-ST-ZIP | | | 5.4 CITY-ST | -ZIP | | | _ | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Cha | nge | Addition Addition | מנ | |
| NAME | | İ | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET A | DDRESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | | | | | | | |
| 14. I hereby certify that the information supplied with this filling 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 reports got 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 address. | | | | | | | | | | |

RE REQUIRED

Country

81

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