SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 P96000096309 (5) DOCUMENT

Principal Place of Business	Mailing Address	
1225 SW 87TH AVE. MIAMI FL 33174	1225 SW 87TH AVE. MIAMI FL 33174	

FILED Sep 02 1997 8:00am Secretary of State

AIIIOIO	TEC DEVELOPMENT, 1140.							
Principal Place	e of Business	Mailing A	ddress					
1225 SW 87TH		_	87TH AVE.					
MIAMI FL 33174 MIAMI FL 33174								
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 3a. Date of Last Report 11/26/1996	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Susana Applied For	
21 26			<u> </u>				Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		
22 27							Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28				-	8. This corporation owes or has paid the current year to taggible	
24	25	29	30				Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren		Agent	[50]			10. Name and Address of New Registered Agent	
WA	YNE, ROBERT				81	Name		
	5 SW 87TH AVE.				82	Ctroot A	t Address (P.O. Box Number is Not Acceptable)	
	MI FL 33174				62	S11001 P	t Address (F.O. Box Number is Not Acceptable)	
					83			
				i	84	City	■■ 85 Zip Code	
					54	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 age-	nt and title if applica	tile. (NOT	E: Registere	Ago	nt signature i	rre required when reinstating) DATE.	
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	U DODEST		☐ ÐEL€1E	1.1 TI	ILE		Change Addition	
NAME	WAYNE, ROBERT			1.2 N/	ME	İ		
STREET ADDRESS			1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174		1	14 CI		T-ZIP		
TITLE			☐ DELETE	2110		1	L.J Change L.J Addition	
NAME				2.2 NA				
Street address						ADDRESS		
CITY-ST-ZIP		·	DELETE	2.4 C		ST-ZIP	Change Addition	
TITLE	1		C better	3.1 Tr		- 1	- Change E Addition	
NAME OTDECT ADDRESS				3.2 N/		ADDRESS		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. C		ST - ZIP	Change Addition	
NAME				4, 2 N			tan Charge and Monthly	
STREET ADDRESS	1					ADDRESS		
CITY-ST-ZIP				4.3 SI		- 1		
TITLE			DELETE	5.1 Tr			Change Addition	
NAME			-	5.2 NJ				
STREET ADDRESS						ADDRESS	.	
CITY-ST-ZIP				5.4 CI		- 1		
TITLE			DELETE	6.1 Ti			Change Addition	
NAME				6.2 N/	ME	j		
STREET ADDRESS				6.3 \$1	REET	ADDRESS		
CITY-ST-ZIP				6.4 CI	TY-S	7-ZIP		
and I sie been	and the state of the state of the same of the same of the state of the state of the same of the state of the	the state of the state of	- t				stated in Continue \$10.07/2V/A Florido Ctatutas I further portifu that the	

I do hereby 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 indicated on this annual report or exponential innual report is true and accorde 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 Blook 13 if changed, or on an attachment with an address.