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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## Mar 23 1998 8:00am Secretary of State

	MENT # P9700  ADCAST INTEGRATION TECH	OO88184 (1) HNOLOGIES INC.		
Principal Plac	e of Business	Mailing Address		C 1004(CDF) 150 1011( 1001) SD(C 0015) DD(C 0015) DD(C 1010) 1010) 1010) AUDI 1001
4451 NW 196 STREET 4451 NW 196 STREET CAROL CITY FL 33055 CAROL CITY FL 33055				
CAROL CIT	17 FL 33055	CAROL CITY FL 33055		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
			_	10/10/1997
	Place of Business	2a. Mailing Address	44 0 24	4. FEI Number 0787519 Applied For Not Applied by
21			168Th/	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	de	Çity & Ştate	1-	6. Election Campaign Financing \$5.00 May Be
23	-	28 NESTON	IFIA	Trust Fund Contribution Added to Fees
Zip	Country	Zip a a a a	Country	8. This corporation owes or has paid the current year Intangible
24	25		10 USA	Personal Property Tax due June 30. Yes Wo
	g, Name and Address of Current	t Registered Agent	04 1	10. Name and Address of New Registered Agent
FOUNDEUR, FEDERICO G				DAVID E. SANDOVAL
			ddress (P.O. Box Number is Not Acceptable)	
CAROL CITY FL 33055			30 EW 168 AVE	
			$\square$ $\omega$	ESTON
			84 City	FL 85 33326
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above named	
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	thorized by the co-p	porporation sugnits this statement for the purpose of changing its registered or affector. I he by accept the appointment as registered
	7417 8 541	And Al		-1/1/ 3/14/48
SIGNATURE	Signature, typed or printed name of registered agrir	nt and title if applicable (NOX.)	Register of Agent signature r	equiped when reinclating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CAMPOVAL DAVID E	☐ DELETE	1.1 TITLE	L] Change L] Addition
NAME	SANDOVAL, DAVID E 530 SW 168 AVENUE		1.2 NAME	
STREET ADDRESS	WESTON FL 33326		1.3 STREET ADDRESS	
CITY - ST - ZIP	SD SD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	SANDOVAL, D P		2.2 NAME	
STREET ADDRESS	530 SW 168 AVENUE		2.3 STREET ADORESS	
CITY-ST-2IP	WESTON FL 33326		2. 4 CITY-ST-ZIP	•
TITLE	TD	DELETE	3.1 TITLE	Change Addition
NAME	FOUNDEUR, ADALEISM		3.2 NAME	FONDEUR, Adalgisa
STREET ADDRESS	4451 NW 196 STREET		3.3 STREET ADDRESS	, v
CITY-ST-ZIP	CAROL CITY FL 33055		3.4. CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	Change Addition
NAME	FOUNDEUR, FEDERICO		4. 2 NAME	Fondeur, Federico
STREET ADDRESS	4451 NW 196 STREET CAROL CITY FL 33055		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	OAROL OH FE 33033	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	: Er Ongrigo El Modition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby of	certify that the information supplied wit	th this filing does not qualify for	the exemption stated	f in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or	director of the corporation with rece	ver or trus be empowered to ex	ecute this report as	f in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: SLOJES AND BOUNDE CANDINA.

2/18/98