

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061801

1. Corporation Name
A.V.S. TECHNOLOGY, INC.

Principal Place of Business

13938 SW 52 TERRACE
MIAMI FL 33175

Mailing Address

13938 SW 52 TERRACE
MIAMI FL 33175

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90088 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number

58-2404607

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NUSA-ACOSTA, LUIS
13938 SW 52 TERRACE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name VICTOR M. MENENDEZ
82 Street Address (P.O. Box Number is Not Acceptable)
14201 SW 57 LN. UNIT # 3
83
84 City MIAMI, FL 85 Zip Code 33183

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Luis NUSA ACOSTA	
STREET ADDRESS	13938 SW 52 TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33175	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	VICTOR M. MENENDEZ	
STREET ADDRESS	14201 SW 57 LN. UNIT # 3	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTOR M. MENENDEZ	
1.3 STREET ADDRESS	14201 SW 57 LANE UNIT # 3	
1.4 CITY-ST-ZIP	MIAMI, FL. 33183	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 (305) 740-3890