

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montherm
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S50485

1. Corporation Name

EXPERT TECHNOLOGY SERVICES, INC.

Principal Place of Business

9120 SW 150TH AVE
MIAMI, FL 33196

Mailing Address

9120 SW 150TH AVE
MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

5/8/91

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0285586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARRERO, FRANK J.
9100 South Dadeland Blvd.
Suite 410
Miami, FL 33156

81 Name
ARANDA, JOSE A.

82 Street Address (P.O. Box Number is Not Acceptable)
9120 SW 150th Ave

83

84 City

Miami,

FL

85 Zip Code
33196

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

Jose A. Aranda

4/28/95

(Signature, typed or printed name of registered agent and date of certification)

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ARANDA, JOSE A.
STREET ADDRESS	9120 SW 150th Ave
CITY-ST-ZIP	Miami, FL 33196
TITLE	D
NAME	De Castro, Manuel
STREET ADDRESS	California Sur
CITY-ST-ZIP	Caracas, Venezuela
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition

500001492795
-05/18/95--01002--010
***200.00 ***200.00

(No replacement)

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

208
5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 13-4 changed, or on an attachment with an address.

SIGNATURE:

Jose A. Aranda

4/28/95

(Signature and typed or printed name of signing officer or director)

(Date)

(Daytime Phone #)