

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S64369** (9)
1. Corporation Name

AMERICAN SIGNAL COMMUNICATIONS INC.



Principal Place of Business Mailing Address
1225 W 49 ST **1225 W 49 ST**
HALEAH FL 33012 **HALEAH FL 33012**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 02/24/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0273627	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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	
STEFANO, MIRIAM 11350 SW 95 STREET MIAMI FL 33176				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	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 in printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	DELETE		1.1 TITLE	Change Addition		
NAME	STEFANO, ANDRES			1.2 NAME			
STREET ADDRESS	11350 SW 95 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Change Addition		
TITLE	SD	DELETE		2.1 TITLE	Change Addition		
NAME	STEFANO, MIRIAM			2.2 NAME			
STREET ADDRESS	11350 SW 95 STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Change Addition		
TITLE	VD	DELETE		3.1 TITLE	Change Addition		
NAME	STEFANO, JUAN J.			3.2 NAME			
STREET ADDRESS	813 SW 122ND AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Change Addition		
TITLE		DELETE		4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Change Addition		
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Change Addition		
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	Change Addition		

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Miriam Stefano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96

824-0400

CR2E034 (3/96)