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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **V13490** **(0)**

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TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

1. Corporation Name

APA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1881 WASHINGTON AVE SUITE 16H MIAMI BEACH FL 33139	1881 WASHINGTON AVE SUITE 16H MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business	2a. Mailing Address
21 401 N.W. 107th Ave	26 401 N.W. 107th Ave
22 Suite 107	27 Suite 107
23 Miami Fla.	28 Miami, Fl.
24 Zip 33172 25 Country Dade	29 Zip 33172 30 Country Dade

4. FEI Number: 65-0311800 ☐ 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 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
CAMPBELL, JEANNETTE 10028 SW 16TH ST PEMBROKE PINES FL 33025	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 607.1509, 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: _____ DATE: _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	PT ☐ Change ☐ Addition
NAME	MORALES, RAFAEL O.	12 NAME	MORALES Rafael O
STREET ADDRESS	1881 WASHINGTON AVE 16H	13 STREET ADDRESS	401 N.W. 107th Ave Suite 107
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami, Fl. 33172
TITLE	VPS	21 TITLE	VPS ☐ Change ☐ Addition
NAME	MORALES, ZORAIDA	22 NAME	Morales Zoraida
STREET ADDRESS	1881 WASHINGTON AVE #16H	23 STREET ADDRESS	401 N.W. 107th Ave Suite 107
CITY-ST-ZIP	MIAMI BCH FL	24 CITY-ST-ZIP	Miami, Fl 33172
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/95 305-223-8353
SIGNATURE AND TITLE OF CHIEF OFFICER OR DIRECTOR Date Daytime Phone #
Rafael Morales - Pres

0144067 CP