

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. Morthland
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 25 AM 10:12

DOCUMENT # V13490 (0)

1. Corporation Name:

APA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

401 N.W. 107TH AVE.
SUITE 107
MIAMI FL 33172

401 N.W. 107TH AVE.
SUITE 107
MIAMI FL 33172

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

04/28/1995

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

2. Principal Place of Business

21 2855 N.W. 112th Ave

2a. Mailing Address

26 2855 N.W. 112th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 7

27 Suite 7

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33172

25

U.S.A.

29 33172

30

U.S.A.

9. Name and Address of Current Registered Agent

CAMPBELL, JEANNETTE
10028 SW 18TH ST
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name

Rafael O Morales

82 Street Address (P.O. Box Number is Not Accepted)

401 N.W. 107th Ave #107

83

Miami

84

Miami

City

Miami

FL

85

Zip Code

33172

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]
Signature of the person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 9/23/96
DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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