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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

SIGNATURE

appears in Block 12 or Block 13

V51052 **DOCUMENT #**

(1)

MICROTECH P. C. SERIVCE, CORP.

Mailing Address Principal Place of Business 6055 W 19TH AVE #307 6055 W 19TH AVE #307 HIALEAH FL 33012 HIALEAH FL 33012 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 07/15/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0345295 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State Orty & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Z_{10} Country Ζıp ☐ Yes 💆 No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) 82 LIBONA, DAVID 6055 W 19TH AVE #307 HIALEAH FL 33012 Zip Code 85 84 City 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 circctors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. DATE SIGNATURE (Nat) I.E. Blage terest Agent's greature required when recistating CR2E034 (12/95) Signarine, typodrompre to that elements out agent and the mapping of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ■ Addition DELETE 1 1 FIFLE THILE 1.2 NAME LIBONA, DAVID NAME 6055 W 19TH AVE #307 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP HIALEAH FL 33012 CITY - ST - ZIP Change ncitibbA 🔲 DELFIE 2.1 1111.5 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST_ZIP CITY-ST-ZIP Change Addition DELETE 3 1 11116 TITLE 3.2 NAM6 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTy - \$1 - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STEEF1 ADDRESS STREET ADDRESS 4.4 City - \$1 - 7IP CITY-ST-ZIP Add-tion Change DELFTE 5 1 TITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-2IP CITY-ST-ZIP Add tion ☐ Change DELETE 6 11 TLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. To hereby certify that the information supplied with this fling is voluntarily furnished and does not quality 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 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 certify that I am an officer or director of the correction of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

neonment with an address

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR