

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jun 22 1998 8:00am Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 256044
 1. Corporation Name
AMTECH FINANCIAL CORPORATION

Principal Place of Business 2246 S.W. 24 Terr MIAMI, FL 33145	Mailing Address P.O. Box 453332 MIAMI FL 33245
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-16-62 4-20-97

4. FID Number
59-0993519 Applied? Not Applied?

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Florida Campaign Financing Trust Fund Contribution \$5.00 May be Added to Fee

8. This corporation owns or has paid the control over its capital personal property for the year 1998 Yes No

9. Name and Address of Current Registered Agent

E.W. ANDICH
12840 S.W. 69TH CT.
MIAMI, FL 33156

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 86 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 filing 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 *E.W. Andich*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	E.W. ANDICH	1.2 NAME	
STREET ADDRESS	12840 S.W. 69TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA-33156	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	JOANNA PARKER	2.2 NAME	
STREET ADDRESS	P.O. BOX 453332	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33245	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	JOANNA PARKER	3.2 NAME	
STREET ADDRESS	2246 S.W. 24 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145-3628	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 a director or officer 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 on Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *E.W. Andich* per E.W. ANDICH 4-20-98
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR