


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

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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K93265** (2)
1. Corporation Name
FINANCIAL TECHNOLOGIES, INC.



Principal Place of Business 10800 BISCAYNE BLVD STE 710 MIAMI FL 33161 US	Mailing Address 10800 BISCAYNE BLVD STE 710 MIAMI FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 c/o Ivan A. Gomez, P.A. 601 Brickell Key Drive		05/31/1989	
22 City & State		27 Suite, Apt. #, etc. Suite 507		4. FEI Number	
23 Zip		28 Miami, Florida		65-0122747	
24 Country		29 33131		Applied For	
		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
IASLOVITS, LAUREN A 1260 100TH STREET BAY HARBOR IS. FL 33154				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	IVAN A. GOMEZ, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)	601 BRICKELL KEY DRIVE
83	SUITE 507
84 City	MIAMI
85 Zip Code	FL 33131

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 Ivan A Gomez, P.A. BY: [Signature] DATE 1/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SINAI, JOSE	1.2 NAME	
STREET ADDRESS	1260 100TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	D/VP/S
NAME		2.2 NAME	Lauren A. Iaslovits
STREET ADDRESS		2.3 STREET ADDRESS	10800 Biscayne Blvd., #710
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33161
TITLE		3.1 TITLE	D/VP/S
NAME		3.2 NAME	David Sinai
STREET ADDRESS		3.3 STREET ADDRESS	10800 Biscayne Blvd., #710
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33161
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

[Signature] **NOTAR PUBLIC REQUIRED**

January 21, 1998 (305) 391-3300

CR2E034 (10/97)