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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P93000058002 (5)

PROMOTIONAL TECHNOLOGIES CORP.

1225 N.E. 124TH ST. 1225 N.E. 124TH ST. SUITE 23B SUITE 23B NORTH MIAM! FL 33161-5901 NORTH MIAMI FL 33161 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 08/18/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0431576 Not Applicable \$8.75 Additional Suita, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country Country 8. This corporation has liability for intangible tax, under s. 199.032, Yes No 30 Florida Statutes 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERNANDEZ, CARLOS 1225 N.E. 124TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 23B 83 NORTH MIAMI FL 33161 Zip Code 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 directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Supervice type dior printed name of registered agent and alle if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) OFFICERS AND DIRECTORS 12. 13. Change Addition **PSD** ☐ DELETE 1.1 TITLE TITLE FERNANDEZ, CARLOS 1.2 NAME CR2E034 NAME 1225 N.E. 124TH ST. SUITE 23B 1.3 STREET ADDRESS STREET ACTORESS NORTH MIAMI FL 33161 1.4 CITY - ST - ZIP City-St Zir Change DELETE Addition 2.1 TITLE TiTLE 2.2 NAME NAME 2.3 STREET ADDRESS STEEL ADORESS 2. 4 CITY - ST - ZIP C(TY- \$1-2)F Change Addition DELETE 3.1 TILLE THEF NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-SI-7iE DELETE Change Addition 41 TITLE Tiff 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-SI-78 Change Addition DELETE 5.1 TITLE TRUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST DELETE Addition 6.1 TITLE 10,6 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHY-SI-ZIE

14. I do 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

FILED

Apr 14 1997 8:00am

Secretary of State