

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064491 (2)**

1. Corporation Name

DMA TECHNOLOGIES, INC.

Principal Place of Business

**2530 N POWERLINE RD., S-401
POMPANO BCH. FL 33069**

Mainly Address

**2530 N POWERLINE RD., S-401
POMPANO BCH. FL 33069**

(IF NOT WHITE, THIS SPACE)

3. Date incorporated or organized 09/16/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0436526	Applied Fee Not Applicable
5. Certificate of Status (years) <input 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 has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mainly Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
30. County	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MA, CHUNG 2530 N POWERLINE RD., S-401 POMPANO BCH. FL 33069	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3. City
	B4. State FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.032 and 607.1506, 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, thereby accept the appointment of its registered agent. I am hereby certifying and accept the obligations of Section 607.032, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1/)	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MA, CHUNG	1. NAME	
STREET ADDRESS	2530 N POWERLINE RD., S-401	2. STREET ADDRESS	
CITY, STATE, ZIP	POMPANO BCH. FL 33069	3. CITY, STATE, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		7. CITY, STATE, ZIP	
TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, STATE, ZIP		11. CITY, STATE, ZIP	
TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE, ZIP		15. CITY, STATE, ZIP	
TITLE		16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY, STATE, ZIP		19. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and deemed reliable for the exemption stated in Section 607.032(6), Florida Statutes, for the benefit of the public, and that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the holder of a position empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *X Ma Chung* 4/28/95 305 974 7425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR