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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013414 (5) STANDARD TECHNOLOGIES, CORP.

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State



7840 8.W. 55TH AVENUE SUITE A MIAMI FL 33143		9273 S.W. 138TH ST CIR. Miami FL 33178-5846		185 + 8.75 = 1	73.75
		_		3. Date incorporated or Qualified 02/15/1994	3a. Date of Last Report 04/09/1996
2. Principal P	lace of Business	2a. Mailing Address	_	4, FEI Number	Applied For
21 48 LJ	S.W. 136" St. Cie		ve	65-0472830	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 / Siat	mi, Florida			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3317	6-5486 25 USA		Country 30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent
	TMAN, ROBERT		81 Name		
	3 S.W. 136TH STREET CIRCLE		82 Stroet A	ddress (P.O. Box Number is Not Acceptable	0)
MIA	MI FL 33176		83		
			63		
			84 Cily		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named c	orporation submits this statement for the pu	rpose of changing its registered
office or registered agent, or both, in the State of Elorida 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					
SIGNATURE	Signature, typod or printed name of registered		Rogistered Agent signature re		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	DELETE	1.1 10 LE		Change Addition
NAME	Feltman, Robert 9273 SW 136TH STREET CI	BOLE.	1.2 NAME		
STREET ADDRESS	MAMIFL	NOLE	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	talkatan t.r	DELETE	1.4 CITY - S1 - ZIP 2 1 TITLE		Change Addition
NAME	:	_ otten	2.2 NAME		Onlings Adomon
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP			2 4 CHY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	ı	۸ .
CITY-ST-ZIP	····		4.4 CITY-ST-ZtP		
TITLE		☐ DELETE	5.1 TITLE	, 4/1)	Change
NAME			5.2 NAME	100	Μ,
STREET ADDRESS			5.3 STREET ADDRESS	` (~	'\
CITY-ST-ZIP		Legitie	5.4 CITY-ST-ZIF		Dobania Dague
TITLE		☐ DELE1E	6.1 TITLE	10000219	Change Addition
NAME			6.2 NAME	-05/23/970110	9n11
STREET ADDRESS			6.3 STREET ADDRESS	***173.75	in was
CITY-ST-ZIP			6 4 C/TY-ST-ZIP	ውምም 11/5	

I do hereby certify that the information supplied with this filling 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 if am an officer or director of the corporation or the receiver of 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 cylinged or great attribution with an address.