

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90009 005 ***150.00

DOCUMENT # P94000047928

1. Corporation Name

STRATEGIC TECHNOLOGIES, INC.

Principal Place of Business

700 NW 107TH AVE
MIAMI FL 33172
US

Mailing Address

730 N.W. 107 AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

65-0523605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 730 NW 107 Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip 33172 25 Country USA

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B ESQ.
700 N.W. 107 AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME PEKOR, ALLAN J.
STREET ADDRESS 730 N.W. 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE DV ☐ DELETE

NAME REED, LINDA
STREET ADDRESS 730 N.W. 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE DV ☐ DELETE

NAME KAMINSKY, NANCY
STREET ADDRESS 730 N.W. 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE V ☐ DELETE

NAME MODIST, DEBRA
STREET ADDRESS 700 N.W. 107TH AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE VT ☐ DELETE

NAME MUNOZ, JANICE
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE P ☐ DELETE

NAME RUBIN, ROBERT D.
STREET ADDRESS 700 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)