

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

**FILED**

**Mar 17 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000084179 (6)**  
1. Corporation Name  
**PHOENIX AMERICAN TECHNOLOGIES, INC.**



Principal Place of Business <b>1110 BRICKELL AVENUE STE. #506 MIAMI FL 33131</b>	Mailing Address <b>1110 BRICKELL AVENUE STE. #506 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/11/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0702445</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FEDERICO, HUGO A 1541 BRICKLELL AVE APT 2801 MIAMI FL 33129</b>				81	Name <b>FEDERICO, HUGO A.</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1541 Brickell Avenue</b>		
				83	Apt. 3805		
				84	City <b>Miami</b>	85	Zip Code <b>FL 33129</b>

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: *Hugo A. Federico* DATE: *3/11/98*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FEDERICO, HUGO A</b>		1.2 NAME	<b>Federico, Hugo A.</b>			
STREET ADDRESS	<b>1541 BRICKELL AVE APT 2801</b>		1.3 STREET ADDRESS	<b>1541 Brickell Ave. # 3805</b>			
CITY-ST-ZIP	<b>MIAMI FL</b>		1.4 CITY-ST-ZIP	<b>Miami, FL 33129</b>			
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FEDERICO, ROSITA C</b>		2.2 NAME	<b>Federico, Rosita C.</b>			
STREET ADDRESS	<b>1541 BRICKELL AVE, APT 2801</b>		2.3 STREET ADDRESS	<b>1541 Brickell Ave. # 3805</b>			
CITY-ST-ZIP	<b>MIAMI FL</b>		2.4 CITY-ST-ZIP	<b>Miami, FL 33129</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, will be an address.

SIGNATURE: *Hugo A. Federico* DATE: *3/11/98* *306.374.3355*

CR2E034 (10/97)