

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90116 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000000496

1. Corporation Name  
**STRATEGIC TECHNOLOGY GROUP CORPORATION**

Principal Place of Business 2700 SOUTHWEST 117TH COURT MIAMI GF 33175	Mailing Address 2700 SOUTHWEST 117TH COURT MIAMI GF 33175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7221 Coral Way Suite, Apt. #, etc. 22 Suite 210 City & State 23 Miami, Florida Zip Country 24 33155 25 USA	2a. Mailing Address 26 7221 Coral Way Suite, Apt. #, etc. 27 Suite 210 City & State 28 Miami, Florida Zip Country 29 33155 30 USA
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3. Date Incorporated or Qualified 01/05/1998	4. FEI Number 65-0806461	Applied For Not Applicable
5. Certificate of Status Desired <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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Ramos, Richard	85 Zip Code 33155
82 Street Address (P.O. Box Number is Not Acceptable) 7221 Coral Way	
83 Suite 210	
84 City Miami	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RAMOS, RICHARD	
STREET ADDRESS	2700 SOUTHWEST 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	RAMOS, NILDA F	
STREET ADDRESS	2700 SOUTHWEST 117TH COURT	
CITY-ST-ZIP	MIAMI GF 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ramos, Richard	
1.3 STREET ADDRESS	7221 Coral Way, Suite 210	
1.4 CITY-ST-ZIP	Miami, Florida 33155	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ramos, Nilda F.	
2.3 STREET ADDRESS	7221 Coral Way, Suite 210	
2.4 CITY-ST-ZIP	Miami, Florida 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Ramos SIGNATURE REQUIRED Richard Ramos 04-01-99 (305) 223-0200  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)