## 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

## DOCUMENT # **P98000064398**1. Corporation Name

SUBBOUND TECHNOLOGIES, INC.

| Mailing Address                   |                 |  |  |
|-----------------------------------|-----------------|--|--|
| 286 NW 85 PLACE<br>MIAMI FL 33126 |                 |  |  |
|                                   | 286 NW 85 PLACE |  |  |

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90118 037 \*\*\*150.00



| Principal Place  | e of Business  | Mailing Address     |          |         |                            |  |                   |                   |     |
|--|--|---------------------|----------|---------|----------------------------|--|-------------------|-------------------|-----|
| 286 NW 85 PLACE MIAMI FL 33126  286 NW 85 PLACE MIAMI FL 33126 |  |                     |          |         |                            |  |                   |                   |     |
|  |  |                     |          |         | DO NOT WRITE IN THIS SPACE |  |                   |                   |     |
|  |  |                     |          |         |                            | 3. Date Incorporated or Qualifed   |                   |                   | ļ   |
|  |  |                     |          |         |                            | 07/22/1998   |                   |                   |     |
| 2 Principal D  | lace of Business   | 2a. Mailing Address |          | -       |                            | 4 FEI Number   | Apr               | olied For         | ĺ   |
|  | lace of business   | 26                  |          |         |                            | 65-0851613   | No                | Applicable        | ļ   |
| Suite, Apt.  | # etc  | Suite, Apt. #, etc. |          |         |                            | <u> </u>   | \$8.75 A          | dditional         |     |
| 22   | n, 5to.  | 27                  |          |         |                            | 5. Certificate of Status Desired   | Fee Red           | quired            | ]   |
| City & Stat  | e  | City & State        |          |         |                            | 6. Election Campaign Financing   | \$5.00            | May Be            | ļ   |
| 23   |  | 28                  |          |         |                            | Trust Fund Contribution  | Added to          | Fees              |     |
| Zip  | Country  | Zip                 | Cou      | ntry    |                            | 8. This corporation owes the current year tr   | itangible         | !                 | ł   |
| 24   | 25   | 29                  | 30       |         |                            | Personal Property Tax.   | Yes               | □No               |     |
|  | 9. Name and Address of Currer                                | nt Registered Agent |          |         |                            | 10. Name and Address of New Registered   | Agent             |                   | 1   |
|  |  |                     |          | 81      | Name                       |  |                   |                   | ŀ   |
|  | -PATRON, DANIEL E  |                     |          | 82      | Street Addre               | ss (P.O. Box Number is Not Acceptable)   | <del></del>       |                   | 1   |
| 286  | NW 85 PLACE  |                     |          |         |                            |  |                   |                   |     |
| MAIM   | M FL 33126   |                     |          | 83      |                            |  | ÷.                |                   | 1   |
|  |  |                     |          | 84      | City                       |  | 85 Zip C          | ode               | ł   |
|  |  |                     |          |         | •                          | ration submits this statement for the purpose of board of directors. I berefy accent the appropriate board of directors.   | L     i_          |                   |     |
| agent. I a<br>SIGNATURE  | m familiar with, and accopt the obligation of registered age | ey                  |          |         | signature required         |  | 1 -               |                   | وَ  |
| 12.  |  | ND DIRECTORS        | 13.      |         |                            | ADDITIONS/CHANGES TO OFFICERS A  |                   |                   | 1 5 |
| TITLE  | PD   | ☐ DELETE            | 1.1 TI   | πE;     |                            | •  | Change            | Addition          | 7   |
| NAME   | rizo-patron, daniel e  |                     | 1.2 N    | AME     | 1                          |  |                   |                   | 2   |
| STREET ADDRESS   | 286 NW 85 PLACE  |                     | 1.3 \$1  | REET    | ADORESS                    |  |                   |                   | Į į |
| CITY-ST-ZIP  | MIAMI FL 33126   |                     | 1.4 CI   | TY-ST-  | -ZIP                       | <u> </u>   | <del></del> _     |                   | ļè  |
| TITLE  |  | ☐ DELETE            | 2.1 T    | TLE     |                            |  | ☐ Change          | ☐ Addition        | `   |
| NAME   |  |                     | 2.2 NAME |         |                            |  | •                 |                   | l   |
| STREET ADDRESS   |  |                     | 2.3 5    | TREET / | ADDRESS                    | •  |                   |                   |     |
| CITY-ST-ZIP  |  |                     | 2.40     | πy-st   | - ZIP                      |  |                   | C Addition        | 1   |
| TITLE  |  | ☐ DELETE            | 3.1 TI   | TLE     |                            | •  | Change            | Addition Addition | )   |
| NAME   |  |                     | 3.2 N    | AME     |                            | • •  | •                 |                   | '   |
| STREET ADDRESS   |  |                     | 3.3 S    | TREET   | ADDRESS                    |  | 1                 |                   | 1   |
| CITY-ST-ZIP  |  |                     | 3.4. 0   | ITY-ST  | -ZIP                       |  |                   | T & delister      | -   |
| TITLE  |  | ☐ DELETÉ            | 4.1 TI   | TLE     |                            |  | ☐ Change          | ☐ Addition        | ļ   |
| NAME   |  |                     | 4,21     | AME     |                            |  |                   | -                 | 1   |
| STREET ADDRESS   | ** 2 *** ,   |                     | 4.3 S    | TREET   | ADDRESS                    | The state of the s | المراجعة المناجعة |                   | 1-  |
| CITY-ST-ZIP  |  |                     |          | TY-ST   | -ZIP                       | <u>,                                      </u>   | Change            | □ Addition        | -   |
| TITLE  |  | ☐ DELETE            | 5.1 Ti   |         |                            |  | Change            | ☐ Addition        |     |
| NAME   |  |                     | 5.2 N    |         |                            |  | • •               |                   |     |
| STREET ADDRESS   |  |                     |          |         | ADDRESS                    |  |                   |                   | {   |
| CITY-ST-ZIP  |  |                     |          | ny-st-  | - ZIP                      |  | [] Change         | Addition          | 1   |
| TITLE  |  | ☐ DELETE            | 6.1 TI   |         | Ì                          |  | Change            | ☐ vooitiõti       |     |
| NAME   |  |                     | 6.2 N    |         |                            |  |                   | ,                 | 1   |
| STREET ADDRESS   |  |                     | 6.3 S    | TREET   | ADDRESS                    | •  |                   | ,                 |     |

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: