


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90007 003 \*\*\*150.00

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|   |   |  |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # P98000071377**

1. Corporation Name  
**AMERICAN INSTITUTE OF TECHNOLOGY, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><del>19286 S.W. 5TH ST.</del><br><del>PEMBROKE PINES FL 33029</del> | Mailing Address<br><b>19286 S.W. 5TH ST.</b><br><b>PEMBROKE PINES FL 33029</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 2. Principal Place of Business<br><b>21 5601 NW 159th ST.</b><br>Suite, Apt. #, etc.<br><b>22</b>                                    |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> |  | 3. Date Incorporated or Qualified<br><b>08/17/1998</b>   |  |
| City & State<br><b>23 Miami</b>  |  | City & State<br><b>28</b>   |  | 4. FEI Number<br><b>65-0861455</b> Applied For<br>Not Applicable   |  |
| Zip<br><b>24 33014</b>   |  | Country<br><b>25 Dade</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      |  |
| Country<br><b>29</b>   |  | Country<br><b>30</b>  |  | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| 9. Name and Address of Current Registered Agent<br><b>ROD, GEORGE</b><br><b>19286 S.W. 5TH ST.</b><br><b>PEMBROKE PINES FL 33029</b> |  |   |  | 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<br><b>ROD, GEORGE</b><br><b>19286 S.W. 5TH ST.</b><br><b>PEMBROKE PINES FL 33029</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |
|  |  |  |  | 81 Name   |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  |  |  | 83  |  |
|  |  |  |  | 84 City   |  |
|  |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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>President</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>George Rod</b>  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>19286 SW 5th ST.</b>  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>Pembroke Pines, FL 33029</b>  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input checked="" type="checkbox"/> <b>Diego Barrera</b> <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Secretary</b>   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>7289 W 34th CT</b>  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>Hialeah, FL 33018</b>   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input checked="" type="checkbox"/> <b>Margarita Barriga</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Treasurer</b>   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>19286 SW 5th ST.</b>  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>Pembroke Pines, FL 33029</b>  | 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 with an address, with all other like empowered.

SIGNATURE: George Rod, Pres Date: 1-12-99 Daytime Phone #: 974 4380903

CR2E034 (11/98)