


FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90034 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005799			
1. Corporation Name MAJESTECH CORP. - NEW YORK			
Principal Place of Business PO BOX 440. RT. 100 N. SOMMERS NY 10589		Mailing Address PO BOX 440. RT. 100 N. SOMMERS NY 10589	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Zip Country		27 City & State 28 Zip Country	
24		29	
3. Date Incorporated or Qualified 11/05/1996		4. FEI Number 13-3328125	
5. Certificate of Status Desired		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. 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 STRANGE, WILLIAM Leonardo Hernandez C/O MAJESTECH 10250 NW 89TH AVE MEDLEY FL 33178		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 <i>Leonardo Hernandez Sales agent</i> 5/28/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE RS <input type="checkbox"/> DELETE NAME GORE, RICHARD M STREET ADDRESS 787 NORTH ST CITY-ST-ZIP WHITE PLAINS NY 10605		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE NAME GORE, RICHARD M STREET ADDRESS 797 NORTH ST CITY-ST-ZIP WHITE PLAINS NY 10605		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> DELETE NAME MONACO, JOHN STREET ADDRESS 15 STEWART PLACE, 8D CITY-ST-ZIP WHITE PLAINS NY 10603		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE C <input type="checkbox"/> DELETE NAME SMYKOWSKI, PETER STREET ADDRESS 11 BRANDYWINE DR. CITY-ST-ZIP WHITE PLAINS NY 10605		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: *Peter Smykowski* **PETER SMYKOWSKI** **3/16/99** **(914) 767-9330**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)