Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90082 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G97666

1. Corporation Name

	TECHNOLOGIES MAN							
Principal Place		Mailing Address						
6959 NW 82 A		6959 NW 82 AVE MIAMI FL 33166						
MIAMI FL 33166 US		US			DO NOT WRITE IN THIS SPACE			
00		55		7	3. Date Incorporated or Qualife	d		
				1	04/03/1984	_		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	plied For
21		26			59-23908 <u>5</u> 1			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	{	88.75 A	
22	·	27					Fee Re	
City & Stat	e	City & State			6. Election Campaign Financin	g 🗆	\$5.00 i	
23		28	0		Trust Fund Contribution		Added to) Fees
Zip	Country	Zip	Country	1	8. This corporation owes the c			□No
24	25	[29]	30	1	Personal Property Tax. O. Name and Address of Nev			
	9. Name and Address of	Current Registered Agent	81 Na	ame .	o. Haric and Padrece of the			
DIN	ARI, SHAI MR			_				
	9 NW 82 AVE		82 St	reet Address	(P.O. Box Number is Not Acce	ptable)		
MIAI	MI FL 33166		83					
			84 Ci	ty		FI I'	5 Zip C	Code
office or r	ragiotared agent or both in the	07.0502 and 607.1508, Florida State	authorized by the	med corporat	tion submits this statement for t	he purpose of cha	nging its	registered sistered
office or r agent, I a SIGNATURE	registered agent, or both, in the im familiar with, and accept the Signature, typed or printed name of regis	a State of Florida. Such change was be obligations of, Section 607.0505, F erred agent and title if applicable. (NC	authorized by the lorida Statutes. OTE: Registered Agent sign	corporation's	board of directors, 1 nereby act	DATE	ent as reg	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the im familiar with, and accept the Stgnature, typed or printed name of regis OFFICE	a State of Florida. Such change was bobligations of, Section 607.0505, Flored agent and title if applicable. (NC RS AND DIRECTORS	authorized by the lorida Statutes. OTE: Registered Agent sign	corporation's	board of directors. I nereby act	DATE DEFICERS AND [DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR