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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H71246

(3)

FNA TECHNOLOGY, INC.

**SIGNATURE:** 

	UNNULUGI, INC.		······································		·····						
Principal Place of Business Mailing Addi							( (##}#t) Dili shan sini# lifet atan fini	8 P	Bit firet Aimit.	WIWIT 1887	
1999 UNIVERS	SITY DR	1999 UNIVERSITY DR SUITE 214									
SUITE 214 CORAL SPRIN	GS FL 23071		CORAL SPRINGS FL 33071-6066								
US US			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date incorporated or Qualified	3a. Da	te of Last R	eport	
							08/14/1985	05/0	09/1996		
2. Principal f	lace of Business	2a. Mailing Address					4. FEI Number		Ar	oplied For	
1		26					59-2604430		No	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt.,#, etc					5. Certificate of Status Desired	X	\$8.75		
2		27					G. Cormicate of Claims Desired	~	Fee Re	aquired	
Cily & Stat	te	City & State					6. Election Campaign Financing		\$5.00	May Be	
3		28					Trust Fund Contribution	<u> </u>	Added t	to Fees	
Zip	Country	Zip	<b>├</b> ──	ıntry			<ol><li>This corporation has liability for in</li></ol>			. 199.032,	
14	[25]	29	30						.J No		
	9, Name and Address of Curren	it Hegisterea Agent		041		<u> </u>	10. Name and Address of New Re	gistered A	rgent		
	KAYA, HELIO			81	Name						
	9 UNIVERSITY DRIVE		82			Addres	dress (P.O. Box Number is Not Acceptable)				
	TE 214										
COI	RAL SPRINGS FL 33071									Į	
				84	City			FL	85 Zip (	Code	
11, Pursuant office or agent 1 a SIGNATURE	to the provisions of Sections 607.050/ registeroid agent or both, in the State arm arm with and accept the obliga- stanting, typed or printed name of trigistered agen						ration submits this statement for the pin's board of directors. I hereby acception to the pin statement for the pin's board of directors. I hereby acception to the pin's board of the p	urpose of ot the appoint of the appo	changing it ointment as	s registered registered	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	1S IN 12	
TIFLE	PD	DELETE	1,1 T	ITLE		•			Change	Addition	
NAMÉ	DE CARVALHO, ALEXANDRE		1.2 N	AME.						i	
STREET ADDRESS	3215 NW 10TH TERR.		1.3 S	TREET	ADDRESS	19	99 DULUGREITY IN	SUITE	5 2/4		
City - St - ZIP	FT. LAUDERDALE FL		1,4 0	HY-S	T-ZIP	COX	or Stomes FL 2	105			
TILE	VP0	☐ DELETE	2.1 T	ITLE			99 UNIUGHCIEY IN 194 SPAINES, FL 3	<del></del>	Change	Addition	
NAME	DE LAROSA, JOSE		2.2 N	AME					ľ		
STREET ADDRESS	3215 N.W. 10TH TERR.		2.3 \$	TREET	ADDRESS	_	,				
CITY - ST - ZIP	FT. LAUDERDALE FL		2.46	SITY-S	ST-20P	51	me above			ļ	
THEF	MT	☐ DELETE	3.1 T						Change	Addition	
NAME	SAKAYA, HELIO		3.2 N	AME					•		
STREET ADDRESS	3215 NW 10TH TERR		3.3 \$	TREET	ADDRESS	C	ame above			1	
CITY - ST - ZiP	FT LAUDERDALE FL				ST-ZIP	ەر	ym y yore				
TITLE		☐ DELETE	417					<del></del>	Change	Addition	
NAME			4.21	MAME	I						
STREET ADORESS					ADDRESS						
CITY-ST ZOP	1		1	HTY-S	1						
TITLE		DELETE	51T						Change	Addition	
NAME		_	5.2 N		ļ		•		-		
STREET ADDRESS					ADDRESS						
CITY-ST ZIP				ITY-S							
TELE		☐ DECE1E	6.1 T		. E11				Change	Addition	
NAME				IAME	}					_	
STREET ADDRESS					ADDRESS						
				HTY-S						İ	
CITY ST-ZIP	į.		D.9 U		1.2.10						

14. I do 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 repert 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, from an attachment with an address.

FILED
May 21 1997 8:00am
Secretary of State