PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # H71246

1. Corporation Name

ENA TECHNOLOGY, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90195 004 ***158.75



Principal Place	e of Business	Mailing Address			Ì				
1999 UNIVERSITY DR 1999 UNIVERSITY DR									
SUITE 214		SUITE 214				DO NOT WIDE	CE IN TURO	00405	
CORAL SPRING	IS FL 33071	CORAL SPRINGS FL 33071 US			-	DO NOT WRITE IN THIS SPACE			
us		03			- 1	3. Date Incorporated or Qualifed 08/14/1985			
2 Principal P	lace of Business	2a. Mailing Address		***	 †	4. FEI Number		A	oplied For
	2 WILES RD	26 10712 WILESRO			o	59-2604430	*	~ N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			a Continue of Status Designed		\$8.75	Additional
22					5. Certificate of Status Desired	₩	Fee R	equired	
City & State		City & State		,	6. Election Campaign Financing		\$5.00	May Be	
23 (02)	OL SPRINGS, FL	28 (ORAL SPRINGS, FC Zip Country 29 33076 30 USA				Trust Fund Contribution	<u> </u>	Added	to Fees
23 (ORAL SPRINGS FL 28 (ORAL SPRINGS) Zip Zip Zip Zip 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Country			8. This corporation owes the curre	ent year Inta		
24 330	76 25 USA	29 35076 30	L Q	J4	l	Personal Property Tax.		Yes	L]No
	9. Name and Address of Current	Registered Agent	— I,	MIN.		10. Name and Address of New R	legistered /	Agent	
SAKAYA, HELIO				31 Nam	e 46	CIO SAKAYA			
1999-UNIVERSITY-DRIVE			1	32 Stree	et Addres	S (P.O. Box Number is Not Accepta	ible)		
SUITE 214			<u> </u>		0712	COULES RD			
CORAL SPRINGS FL 33071				33					i
0011	AC OF THINGS I E GOOT		1	34 City		16 SPRINGS		85 Zip	Code
							<u> </u>	<u> </u>	3076
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 2/24/89									
STATE OF THE PROPERTY OF THE P				gistered Agent signature required when reinstating)					
12.	PD OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	PICERS AN	Change	Addition
TITLE	DE CARVALHO, ALEXANDRE	C OFFEIG	1.2 NAM	_				A.	
NAME	1999 UNIVERSITY DR STE 21A								
STREET ADDRESS	CORAL SPRINGS FL		İ	EET ADDRES	» / <i>/</i> 0	712 WILESRY	2200	(
CITY-ST-ZIP	VPD	☐ DELETE	2.1 TITL	/-ST-ZIP	10	RACSBRINGS, FL	<u>. 707.</u>	Change	Addition
TITLE	RUIZ, RENATO		2.1 MAN		10	772		7	_
NAME	1999 UNIVERSITY DR STE 21A	_		EET ADDRES		OFIZ WILTS RY"			
STREET ADDRESS	CORAL SPRINGS FL				²⁰		220	11	
CITY-ST-ZIP	·	☐ DELETE	3.1 TITL	Y-ST-ZIP	10	ANL SPAINES FE	<u>,530</u>	Change	Addition
TITLE	MT HELIO		3.1 NAM		ì			7	
NAME	Sakaya, Helio 1999 University dr Ste 21 A -		1	IE EET ADDRES		712 WITES R1			1
STREET ADDRESS	CORAL SPRINGS FL				~ ~	an chaines	Ec 23	076	
CITY-ST-ZIP TITLE	COLUMN OF THE CO	Γ1 DELETE	4.1 TITL	Y-ST-ZIP F	+ ,,	onal spaines,	<u>د. ب</u>	Change	Addition
NAME		_ J	4. 2 NA						_
STREET ADDRESS				EET ADDRES	ss				
CITY-ST-ZIP				-ST-ZIP					Ì
TITLE		☐ DELETE	5.1 TITL		_			Change	☐ Addition
NAME		_	5.2 NAM					ŧ	,
STREET ADDRESS			5.3 STR	EET ADDRES	ss				,
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					\
TITLE		☐ DELETE	6.1 TITL		<u> </u>			☐ Change	Addition
NAME			6.2 NAM	Æ					
STREET ADDRESS	}		6.3 STR	EET ADDRES	ss				}
	1				1				1

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:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR