SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 00/15/09: \$550 (IF DISSOLVED MINIMUM AMOUNT DUE TO BEINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT	TION Katherine Harris		
1999	DIVISION OF CORPORATIONS		· · ·
DOCUMENT # J73055			99 JUL 29 PM 2: 24
1			
AMERICAN SURFACE TECHNOLOGIES INTERNATIONAL, INC			SCORE WAY OF STATE TAGGAHASSEC, FLORIDA
Principal Place of Business	Mailing Address		
7695 SW 104 STREET SUITE 210	STBEET 7695 SW 104 STREET SUITE 210		
PINECREST FL 33156	PINEONEST FL 33156		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address		05/14/1987 4. FEI Number Applied For
21 355 BURRARD STREET	<del></del>	IN (2.)	59-2822017 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
STE 1000   City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 VANCOUVER, B.C.	28		Trust Fund Contribution Added to Fees
Zip V6 C 2 G 8 Country	Zip 3	Country	8. This corporation owes the current year Intangible Personal Property. Yes XNo
24 Y7N 207 25 CANADA 9. Name and Address of Cu	<b>3</b>		Intangible Personal Property. Yes No  10. Name and Address of New Registered Agent
KUPERMAN, MARCA. ESQ.  81 Name  C. T. CORPORATION			
7695 36/ 104 STREET   82   Street Address			Address (P.O. Box Number is Not Acceptable)
SUPTE 218			1200 SOUTH PINE ISLAND ROAD
CPINECREST FL 33)56		84 City	Int. 7to Code
			PLANTATION FL B5 Zip Code 33324
11. Pursuant to the previsions 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 ith, and accept the obligations of, section 607 0505, Florida Statutes.			
	obligations of, section 607.0505, Florid	Ja Statutes Tolo	1/ (skou Asst) 1 7.28-99
SIGNATURE Signature typed or printed name of registere			required when reinstatog)  DATE
TITLE PD OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P/O
NAME KUPERMAN, MARC A	LACTE	1.2 NAME	RALPH SCOBIE
STREET ADDRESS 7695 SW 104 STREET		1.3 STREET ADDRESS	5747 GROUSEWOODS CRESCENT
CITY-ST-ZIP PINECREST_PL 33156		1.4 CITY-ST-ZIP 2.1 TITLE	<del>-NORTH-VANCOUVER, B.C. V7R-4V9. CAN</del> ĀD
NAME	L) DELETE	22 NAME	S/D Change Addition
STREET ADDRESS		23 STREET ADDRESS	LES ARDUINI
CITY-ST-ZIP		24 CITY-ST-ZIP	3626 RUTHERFORD CRESCENT NORTH VANCOUVER, B.C. V7 Nage C7 Admida NAD
TITLE NAME	L DELETE	3 1 TITLE 3.2 NAME	Change CL Addition 1 AL
STREET ADORESS		33 STREET ADDRESS	}
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE NAME	DELETE	4.1 TITLE 4.2 NAME	☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Chan
STREET ADDRESS		4.3 STREET ADDRESS	4000029485444 -08/03/9901020017
CITY-ST-ZIP		4.4 CiTY-ST-ZIP	****550.00 ****550.00
TITLE	DELETE	5 1 TITLE	Change Addition
NAME STREET ADDRESS		52 NAME 53 STREET ADDRESS	
CITY-ST-ZIP		5.4 CiTY-ST-ZIP	
TITLE	DELETE	6 1 TITLE	Change Addition
NAME expect appears		6.2 NAME	LS
STREET ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>*</b> **
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 peniver or toustee 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.			
25/99 /04 /09 1000			
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY ES AI du Ki , Sec. Ail.			
		Les H	Iduiki, Vec. All.