Secretary of State  A DAGS ON OT PAGE TARRETONS	95	
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(11.50)

FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANN	UAL REPORT 1999		Secretary of State  A DA GS NOT YES RUTONS		90	··· (0: 34	
DOCU 1. Corporation	MENT # 片多	HIH		<u> </u>	SEC TALL	STATE FLORIDA	
FUTURI	E TECH INTERNA	TIONAL, IN	c.		d s		
7630	n.W. 25th Str , Florida 331	eet	ailing Address		-06/04/9 ******61 DO NOT WRITE 3. Date Incorporated or Qualifed	94807	
2. Principal F	Place of Business	2a.	Mailing Address		08/17/88 4. FEI Number 65-0101406	Applied Fo	
Suite, Apt	. #, etc.	27	Suite, Apt. #, etc.	·· · · ·	Certifcate of Status Desired	\$8.75 Addition	
City & Sta		28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	•
Zíp 24	Country  25  9. Name and Addres	29	Zip 30	Country	8. This corporation owes the current Personal Property Tax.  10. Name and Address of New Reg	[]Yes □No	
11. Pursuant office or agent I	t to the frontions of Sections of Sections of Sections of Sections of Section 1 of	in the State of Florid	<ul> <li>a. Such mange was author</li> </ul>	82 Street Add 1/4 83 M. B4 City	egal Assets, Inc. ress (P.O. Box Number is Not Acceptable 401 Brickell Avenue, S iami, Florida 33131  poration submits this statement for the pur on's boarge directors. I hereby accept the	FL 85 Zip Code	ed <b>9</b>
12.		FICERS AND DIRE		ved Agent signature require	AD II IONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	<del>1</del> 2 86
NAME STREET ADDRESS CITY-ST-ZIP	Mitchell S. F		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	•	[] Change [] Ar	CR2E034 (11/98)
TITLE  NAME  STREET ADDRESS	President Leonardo, Lou 7630 N.W. 25	uis th Street	Ī	1.4 City-St-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS		[] Change ☐ Ar	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		ard J. th Street		2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS		☐ Change ☐ Ar	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Miami, Florid CFO Ortiz, Juan 7630 N.W. 25		DELETE	34 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Ad	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Miami, Florid		☐ DELETE	4 4 City: ST-ZIP 51 TITLE 52 NAME 53 STREET ADORESS		☐ Change ☐ Ac	diction
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Change Ar	kdition
CITY-ST-ZIP	1			64 CiTY-ST-ZiP			{

64 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 allachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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

AMENDED PROFIT CORPORATION