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

CITY-ST-ZIP

Block 12 or Block 13 if changed, brion an attac

**FILED** Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1ST-TECH SYSTEMS CORP. Principal Place of Business Mailing Address 741 S.E. 4TH PLACE 741 S.E. 4TH PLACE HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1988 Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0075288 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country  $Z_{10}$ 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VILLAR, JOSE-ANTONIO VILLAR 105E-ANTONIO 19643 NW 89 PL Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33015** 83 City Zip Code 33010 84 MIAMI 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgnature, typed or printed nume of repercised agreed and title if applicable. (NCIT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **VILLAR. JOSE-ANTONIO** NAME 1.2 NAMI 19643 N.W. 84TH PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE TITLE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY-S1-ZIP DELETE Change Addition TITLE 41 HILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - 7/P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE ☐ Change Addition TITLE 61 TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 eath; 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