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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K35775 1. Corporation Name

1ST-TECH SYSTEMS CORP.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90159 039 ***150.00

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Principal Place	e of Business	Mailing A	ddress								
741 S.E. 4TH PLACE 741 S.E. 4TH PLACE							'				
HIALEAH FL 33010 HIALEAH FL 33010							DO NOT WRITE IN THIS SPACE				
								EIN IHIS	SPACE		٦
				,			3. Date Incorporated or Qualifed 09/12/1988				
2. Principal Pl	lace of Business	2a. Mailin	g Address				4. FEI Number			Applied For	
21		26					65-0075288			Not Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certifcate of Status Desired		•	5 `Additional	
22	_	27					5. Certificate of Citatio Desired	<u> </u>	Fee	Required	_
City & Stat		City &	State		٠.		6. Election.Campaign.Financing	´		00 мау Ве	-
23		28					Trust Fund Contribution		Add	ed to Fees	_
Zip	Country	Zip			ıntry		8. This corporation owes the curre				
24	25	29		30			Personal Property Tax.		☐Yes	□No	4
	9. Name and Address of Curre	ent Registered A	Agent		04		10. Name and Address of New Re	egistered A	gent		-
VIII	AR, JOSE-ANTONIO				81	Name					1
	13 NW 84TH PLACE				82	Street Addres	ss (P.O. Box Number is Not Acceptate	ole)			7
	MI FL 33010										4
IVIIAAN	WI FL 33010				83				•		
	•				84	City		FI	85 Z	ip Code	7
44 Pursuant	to the provisions of Sections 607 05	502 and 607:150	8 Florida Statu	tes the a	thove-	named corpo	ration submits this statement for the p	urpose of c	hanging	its registered	-
office or re	registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida, Suc pations of, Section	h change was a n 607.0505, Fik	uthorized pida Stat	d by th	he corporation	ration submits this statement for the pris board of directors. I hereby accept	the appoin	tment as	registered	1.4
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					1.0	The same of the					4.
SIGNAT ORE.	Signature, typed or printed name of registered as	gent and title if applicab	le. (NOT	Registered	d Agent	signature required	witer retriscond) . 14 14 15 17 15 15 15 15 15) (DVIE ''0'')		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i g
12.	OFFICERS A	gent and title if applicab ND DIRECTORS	S (NO7)	13.	a Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF) (DVIE ''0'')	DIREC	TORS IN 12	1/08)
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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 qn an attachment with an address, with an other like empowered.

SIGNATURE: <