

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K61094** (4)

1. Corporation Name
CENTRIFUGAL TECHNOLOGIES, INC.

Principal Place of Business C/O MITCHELL J. MELNICK 20281 EAST COUNTRY CLUB DRIVE #312 NORTH MIAMI BEACH FL 33180	Mailing Address C/O MITCHELL J. MELNICK 20281 EAST COUNTRY CLUB DRIVE #312 NORTH MIAMI BEACH FL 33180-3024
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2. Principal Place of Business 21 C/O Carlos Alvarez, Esq. Suite, Apt. #, etc. 22 10800 Biscayne Blvd, Suite 620 City & State 23 Miami, FL Zip 24 33161		2a. Mailing Address 26 C/O Carlos Alvarez, Esq. Suite, Apt. #, etc. 27 10800 Biscayne Blvd, Suite 620 City & State 28 Miami, FL Zip 29 33161		3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last Report 03/11/1996
		4. FEI Number 65-0097632		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MELNICK, MITCHELL J. 20281 EAST COUNTRY CLUB DRIVE #312 NORTH MIAMI BEACH FL		10. Name and Address of New Registered Agent 81 Name Carlos Alvarez, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd, Suite 620 83 84 City Miami FL 85 Zip Code 33161	
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVS	<input type="checkbox"/> DELETE	1.1 TITLE DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELNICK, MITCHELL J.		1.2 NAME Melnick, Mitchell J.	
STREET ADDRESS 20281 E. COUNTRY CLUB DR		1.3 STREET ADDRESS 51 Main Street	
CITY-ST-ZIP NORTH MIAMI BEACH, F		1.4 CITY-ST-ZIP New Milford, CT 06776	
TITLE DPT	<input type="checkbox"/> DELETE	2.1 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELNICK, HARRY S.		2.2 NAME Melnick, Harry S.	
STREET ADDRESS 20281 E. COUNTRY CLUB DR		2.3 STREET ADDRESS 160 Steele Road	
CITY-ST-ZIP NORTH MIAMI BEACH, F		2.4 CITY-ST-ZIP West Hartford, CT 06119	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE **3-31-97** (860) 355-2631

CP2E034 (9/96)