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Mar 05, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K61094

1. Corporation Name  
CENTRIFUGAL TECHNOLOGIES, INC.

Principal Place of Business  
%CARLOS ALVAREZ, ESO  
10800 BISCAYNE BLVD SUITE 620  
MIAMI FL 33161  
US

Mailing Address  
%CARLOS ALVAREZ, ESO  
10800 BISCAYNE BLVD SUITE 620  
MIAMI FL 33161  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1989

4. FEI Number  
65-0097632

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00-May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 c/o Carlos Alvarez, Esq.  
Suite, Apt. #, etc.

22 2040 NE 163rd St. Ste 210

City & State

23 N. Miami Beach, Florida

Zip Country

24 33162

25 USA

2a. Mailing Address

26 c/o Carlos Alvarez, Esq.  
Suite, Apt. #, etc.

27 2040 NE 163rd St. Ste.210

City & State

28 N. Miami Beach, Florida

Zip Country

29 33162

30 USA

9. Name and Address of Current Registered Agent

ALVAREZ, CARLOS E  
10800 BISCAYNE BLVD  
SUITE 620  
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE

NAME MELNICK, MITCHELL J.

STREET ADDRESS 51 MAIN ST

CITY-ST-ZIP NEW MILFORD CT

TITLE DPT ☐ DELETE

NAME MELNICK, HARRY S.

STREET ADDRESS 160 STEELE RD

CITY-ST-ZIP W HARTFORD CT

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

*Mitchell J. Melnick, Vice President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

Daytime Phone #

CR2E034 (11/98)