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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(8)

AZTEC INTERNATIONAL INDUSTRIES, INC.

Secretary of State

FILED

Apr 02 1998 8:00am

Principal Place of Business Mailing Address								- I HOOVOUR DAG ONNE BURIO EDAG HORBE	OUR BIEN TIEN	ARBA BREN D	
	WARD S. SLOMAN		_	% HOWARD S. SLOMAN JR							
3115	S.W. 2ND AVENUE		3115	S.W. 2ND AVENUE							
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315						DO NOT WRITE IN THIS SPACE			PACE		
								 Date Incorporated or Qualified 02/14/1989 			
2. Prin	cipal Place of Bus	iness	2a. Ma	2a. Mailing Address				4. FEI Number			Applied For
21			26	- + · - · · · · · · · · · · · · · · · ·				65-0123800		1	Not Applicable
22 22	le, Apt. #, etc.		} <u>-</u> -	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional Required
	& State			City & State			6. Election Campaign Financing			0 Мау Ве	
23			28	28				Trust Fund Contribution			d to Fees
Zip		Country	Zıp	├ ─ `			· - :	8. This corporation owes or has p	aid the curr	ent year l	ntangible
24	- Al	25 29 9. Name and Address of Current Regi			[30]			Personal Property Tax due June 30. Y Yes No			
		OWARD S., JR	urrent Hegisterei	a Agent	9	31	Name	10. Name and Address of New P	egistered A	gent	·
	8621 N.W. 1						Name				
	3115 S.W. 2						Street Addres	ess (P.O. Box Number is Not Acceptable)			
	FT LAUDERD	ALE FL 33315									
					8	4	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.											
SIGNA	TURE	-									
12.	Signature type	d or printed name of registr	RS AND DIRECTOR		TE Hogislered A	-Qen	nl signature required	I when reinstating) ADDITIONS/CHANGES TO OFF	DATE CCOC AND	DIRECTO	NDC IN 10
TITLE	O C	077102	107170 01112 0701	DELETE	1.1 T/TLI	<u> </u>		ADDITIONS/CHANGES TO OFF		Change	
NAME	SLOMA	W, HOWARD S.,	JR		1.2 NAM	ΙE			•		
STREET ADDRESS 8621 N.W. 15TH COURT					1.3 STREET ADDRESS						
CITY-ST-	ZIP PEMBR	OKE PINES FL			1.4 CITY	- \$1	- 21P				
TITLE				DELETE	2.1 TITU					Change	Addition
NAME					2 2 NAM	E					
STREET A	1				23 STRE	ET A	ADDRESS				
CITY-ST-	ZIP			DELETE	2 4 CITY		T - ZIP		 	-1 2:	
NAME				L_ DECEIL	31 TITLE				l	Change	Addition
STREET A	nnerss				3.2 NAM 3.3 STRE		ADDOCCO.				ļ
CITY-ST-	ı				3.4. CITY						İ
TITLE				DELETE	4.1 TITLE	_	i - Lir			Change	Addition
NAME					4. 2 NAN				•		
STREET AL	DORESS				4.3 STRE	ET A	ADDRESS				İ
CITY-ST-	ZIP				4.4 CITY	- \$1	- ZIP				
TITLE				DELETE	5.1 TITLE				Ţ	Change	Addition
NAME					5.2 NAM	E					
STREET AL	DORESS				5.3 STRE	ET A	address				ļ
CITY-ST-	ZIP				5.4 CITY		- ZIP				
TITLE				☐ DELETE	6.1 TITLE				[Change	Addition Addition
NAME	200000				6.2 NAM						
STREET AL	1				63 STRE						
CITY-ST-	ereby certify that the	e information suppl	lied with this filing	does not qualify f	6.4 City or the exem	- ST-	On stated in Sa	ection 119 07(3)(i) Florida Statutos	I further core	lify that th	e information
ind	licated on this annu	ual report at suppler	mental annual repo	ort is true and acc	curate and t	hai	t my signature	ection 119.07(3)(i), Florida Statutes, shall have the same legal effect as ed by Chapter 607, Florida Statutes	if made und	er oath: th	nat I am an
Blo	ock 12 or Block 13	if changed, or on ar	attachment with	an address	CACCAIG HIS	J 16	opon as requir	- A A A	, and that my	y name ap	ppears in