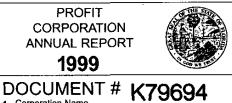
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State **Katherine Harris**

05-10-1999 90026 027 ***150.00

I			

MCA TE	CHNOLOGY INC.								
Principal Place	e of Business	Mailing Address				-	NINII ALALI MINI AI	OIT PERTY CION TOOL	
7546 W MCNAB N. LAUDERDALI		7546 W MCNAB RD N. LAUDERDALE FL				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	INIS SPACE	1	
						04/07/1989		1	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0054915 [©]		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27						Required	
City.& State	e	- City & State				6. Election Campaign Financing Trust Fund Contribution	•	00 May Be ed to Fees	
Zip	Country		Cou	intrv		Trust Fund Contribution This corporation owes the current year.		ed to rees	
	25	29	30			Personal Property Tax.	ar iritarigible ∐Yes	□No	
24	9 Name and Address of Curren			Γ^{-}		10. Name and Address of New Registo	ered Agent		
				81	Name				
	TILLO, MILTON			82 Street Addr		ss (P.O. Box Number is Not Acceptable)			
	S W MCNAB RD								
827	HIDEDDALE EL 22000			83					
N LAUDERDALE FL 33068				84 City			85 Z	ip Code	
		·····		\coprod			FL T	ita sagistarad	
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable	(NOTE: Registered	. Δαent	t signature required	when reinstating) DA	TE		
12.		ID DIRECTORS	13.	, <u> </u>	organica raquirou	ADDITIONS/CHANGES TO OFFICER		TORS IN 12	
TITLE	DP	☐ DEL		TLE			☐ Chan		
NAME CASTILLO, NESTOR		1.2		1.2 NAME					
STREET ADDRESS 7546 W. MCNAB RD., B27		1.3 ST		TREET.	ADDRESS				
CITY-ST-ZIP	N. LAUDERDALE FL		1.4 CF	1.4 CITY-ST-ZIP					
TITLE	DVS	☐ DELETE 2.1 TI		TLE			Chan	ge	
NAME	CASTILLO, MILTON	N		2.2 NAME					
STREET ADDRESS	7546 W. MCNAB RD., B27		2.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	N. LAUDERDALE FL			HY-S1	T-ZIP		[] Chan	ge Addition	
TITLE		□ DĒL					Clian	ge 🔲 Addison	
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				my-ST	1-ZIP		Chan	ge Addition	
			4.2 N						
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-ST	i				
TITLE		□ DEI					☐ Chan	ge Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP		<u>_</u>		ITY-ST	-ZIP				
TITLE		☐ DEL	ETE 6.1 TI	TLE			Chan	ge Addition	
NAME			6.2 N						
STREET ADDRESS 6.3 STR					ADDRESS				
1	1				ו מוכי				

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: