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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90066 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # L16237

1. Corporation Name

MIAMI TECHNOLOGY TRANSFERS, INC.

Principal Place of Business

% KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND STREET #2000  
MIAMI FL 33131

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND STREET #2000  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1989

4. FEI Number

65-0143006

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

21 201 S. Biscayne Blvd.  
Suite, Apt. #, etc.

22 Suite # 2000  
City & State

23 Miami, Florida  
Zip Country

24 33131 25 USA

2a. Mailing Address

26 201 S. Biscayne Blvd.  
Suite, Apt. #, etc.

27 Suite # 2000  
City & State

28 Miami, Florida  
Zip Country

29 33131 30 USA

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND STREET  
SUITE 2000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name William J. Spratt Jr., Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
201 S. Biscayne Blvd.  
83 # 2000  
84 City Miami FL 85 Zip Code 33131

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 PD ☐ DELETE  
NAME CRUZ-MOLINA, DENIDA  
STREET ADDRESS 6075 SUNSET DRIVE 5TH FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE  
NAME ORTIZ-CRUZ, DESIREE  
STREET ADDRESS 6075 SUNSET DRIVE 5TH FLOOR  
CITY-ST-ZIP MIAMI FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)