

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90173 009 ***150.00

DOCUMENT # **M07929**

1. Corporation Name
AMERICAN TECHNOLOGY EXPORTER, INC.

Principal Place of Business
**9750 N.W. 17TH STREET
MIAMI FL 33172
US**

Mailing Address
**9720 N.W. 17TH STREET
MIAMI FL 33172
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/19/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2491245	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NAJMAN, WOLF 7441 NW 8 ST. BAY M MIAMI FL 33172				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJMAN, WOLF	1.2 NAME	
STREET ADDRESS	7441 NW 8TH ST BAY M	1.3 STREET ADDRESS	9750 N.W. 17th St
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS, RAFAEL	2.2 NAME	
STREET ADDRESS	7441 NW 8TH ST. BAY M	2.3 STREET ADDRESS	9750 N.W. 17th St
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ackerman, Robert W
STREET ADDRESS		3.3 STREET ADDRESS	9750 N.W. 17th St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Keene, Richard W., Jr
STREET ADDRESS		4.3 STREET ADDRESS	9750 N.W. 17th St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secy/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hicks, William R.
STREET ADDRESS		5.3 STREET ADDRESS	9750 N.W. 17th St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Asst Secy / Asst Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Persun, Barbara S.
STREET ADDRESS		6.3 STREET ADDRESS	9750 N.W. 17th St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33172

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Barbara S. Persun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

305-716-2160
Daytime Phone #

CR2E034 (11/98)

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