

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
"CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60067

(9)

1. Corporation Name

CORPORATE TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

C/O ILEANA M. GARCIA, ESQ.
450 S.W. 89TH COURT.
MIAMI FL 33174

C/O ILEANA M. GARCIA, ESQ.
450 S.W. 89TH COURT.
MIAMI FL 33174

3. Date Incorporated or Qualified

09/29/1987

3a. Date of Last Report

12/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0011215

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, RAYMOND A
450 S.W. 89TH CT.
MIAMI FL 33174

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 607.02 and 607.0508, 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 (if not applicable)

Signature, typed or printed name of new registered agent (if not applicable)

5/14/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME HERNANDEZ, RAYMOND A.

STREET ADDRESS 450 S.W. 89TH COURT.

CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME SECRETARY-TREASURER

STREET ADDRESS ELDA MOYER

CITY-ST-ZIP 450 S.W. 89TH COURT.

MIAMI, FL 33174

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

DATE

(305) 559-1086

Daytime Phone #

CR2E034 (12/95)