

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # **M86955**
 1. Corporation Name
MICROTECHNOLOGY, INC.

(5)



Principal Place of Business
**1460 N.W. 107TH AVENUE SUITE G
 MIAMI FL 33172**

Mailing Address
**1460 N.W. 107TH AVENUE SUITE G
 MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **13887 S.W. 38 ST.**
 State: FL
 22 City & State
 23 **MIAMI, FL**
 Zip: **33175** Country: US

2a. Mailing Address
 26 **13887 S.W. 38 ST.**
 State: FL
 27 City & State
 28 **MIAMI, FL**
 Zip: **33175** Country: US

3. Date Incorporated or Qualified
06/20/1988
 4. FEI Number
65-0088348 Applicable
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Requested
 6. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be
 Added to Fee
 7. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30 Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**AGUIAR, THOMAS
 1460 NW 107TH AVE STE G
 MIAMI FL 33172**

81 Name **TOMAS AGUIAR**
 82 Street Address (P.O. Box Number is Not Acceptable)
13887 S.W. 38 ST.
 83
 84 City **MIAMI** FL 85 Zip Code **33175**

11. I, the undersigned, certify that I am a resident of this state and I am the registered agent of the corporation named herein, and I accept the duties and responsibilities of a registered agent as defined in section 607.0055, Florida Statutes.

| SIGNATURE | | 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------|----------------|---|--|
| 11A | Signature | 11A PSTD <input checked="" type="checkbox"/> Deleted | 11A TOMAS AGUIAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11B | Street Address | 11B AGUIAR, THOMAS | 11B 13887 S.W. 38 ST. |
| 11C | City & State | 11C 1460 NW 107 AVENUE STE G | 11C MIAMI, FL 33175 |
| 11D | Zip | 11D MIAMI FL 33172 | |
| 11E | Country | 11E <input type="checkbox"/> Deleted | 11E <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11F | State | 11F <input type="checkbox"/> Deleted | 11F <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11G | City | 11G <input type="checkbox"/> Deleted | 11G <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11H | Street Address | 11H <input type="checkbox"/> Deleted | 11H <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11I | City & State | 11I <input type="checkbox"/> Deleted | 11I <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11J | Zip | 11J <input type="checkbox"/> Deleted | 11J <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11K | Country | 11K <input type="checkbox"/> Deleted | 11K <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11L | State | 11L <input type="checkbox"/> Deleted | 11L <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11M | City | 11M <input type="checkbox"/> Deleted | 11M <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11N | Street Address | 11N <input type="checkbox"/> Deleted | 11N <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11O | City & State | 11O <input type="checkbox"/> Deleted | 11O <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11P | Zip | 11P <input type="checkbox"/> Deleted | 11P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11Q | Country | 11Q <input type="checkbox"/> Deleted | 11Q <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11R | State | 11R <input type="checkbox"/> Deleted | 11R <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11S | City | 11S <input type="checkbox"/> Deleted | 11S <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11T | Street Address | 11T <input type="checkbox"/> Deleted | 11T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11U | City & State | 11U <input type="checkbox"/> Deleted | 11U <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11V | Zip | 11V <input type="checkbox"/> Deleted | 11V <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11W | Country | 11W <input type="checkbox"/> Deleted | 11W <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11X | State | 11X <input type="checkbox"/> Deleted | 11X <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11Y | City | 11Y <input type="checkbox"/> Deleted | 11Y <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11Z | Street Address | 11Z <input type="checkbox"/> Deleted | 11Z <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 419.07(3)(b), Florida Statutes. I further certify that the information included on this return 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 4, 12 or Part 13 (changed), or on an attachment with my initials.

SIGNATURE: *Thomas Aguiar* 9/29/98 705-715-9985

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