FILE NOW: FILING FEE AFTER MAY 1 15 5000. FILED **PROFIT** FLORIDA DEPARTMENT STATE Jun 09 1997 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 M92782 DOCUMENT # NEW ERA TECHNOLOGY (NETECH) Principal Place of Business Mailing Address Fl. 32605 Goinesville 3. Date Incorporated or Qualified 3a. Date of Last Report 9,1,1988 4,1996 2. Principal Place of Business Applied For TOWEST BURGET SIZE 593265 21 Same Not Applicable Suite, Apt #; etel Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Country 8. This corporation has fiability for intangible tax under s. 199.032. Yes No 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Sousan Street Address (P.O. Box Number is Not Acceptable) Samin 83 2435 84 Gainesyille 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Tresident/Accountant 1.1 TITLE TITLE 1.2 NAME 59-3265762 NAME Anshair STREET ADDRESS 6.4.4K P 1,3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Y' - Presindent ☐ Change Addition 2.1 TITLE TITLE NAME Samin 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-ZIP Change Addition DELETE 3.1 TITLE - 4 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. C(11Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAM(NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - 7(P CITY-ST-ZIP Change DELETE 5.130UE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP City-St-ZIP

14. Ido 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 eath; 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.

63 STREET ADDRESS

6.1.1171.6

62 NAME

□ DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE: Sousan Anghaie

4,4,97 352-371-6016

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Change

Addition