Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

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

DOCUMENT # P93000008953

COMERCIO Y TECNICA LIMITADA, INC.										
Principal Place	of Business	Mailing Address			1 1001:100) (10 10:50 (111) 00:11 00:11 00:11 00:11	3914				
6300-30 N.W. 84 AVENUE MIAMI FL 33166		13250 S.W. 96 STREET MIAMI FL 33186								
						DO NOT WRITE IN THIS	SPACE			
						 Date Incorporated or Qualifed 02/04/1993 				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0400837				
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.7 Fee			
		City & State				Election Campaign Financing Trust Fund Contribution	\$5. Add			
Zip	Country 25	Zip Country				This corporation owes the current year Intangible Personal Property Tax.				
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent			
NORIEGA, MARISOL				81	Name					
13250 S.W. 96 STREET				82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
MAM	I FL 33186			83						
				84	City	FI	85			

May 08, 1999 8:00 am Secretary of State

05-08-1999 90071 027 ***150.00

|--|

23		28					Trust Foria Contribution		Added	10 1 663
Zip	Country	Zip	Co	untry			This corporation owes the current	•		_
24	25	29	30				Personal Property Tax.		☐ Yes	X No
-	9. Name and Address of Cur	rent Registered Agent		 		10.	Name and Address of New Re	gistered A	gent	
NOD	NECA MADIOOI			81	Name					
	IEGA, MARISOL			82	Street Addre	ess (P.	O. Box Number is Not Acceptable	e)	_	
	SO S.W. 96 STREET					<u> </u>	·			
MIAN	VII FL 33186			83						
				84	City				85 Zip	Code
				~	City			FL	05 2.5	
office or re	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chang	ge was authorize	d by	the corporatio	oration n's bo	submits this statement for the praire of directors. I hereby accept	urpose of c the appoin	hanging its tment as re	s registered egistered
SIGNATURE							The second secon		_	
	Signature, typed or printed name of registered			d Agent	t signature required			DATE		
12.		AND DIRECTORS	13.			A	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO Change	ORS IN 12 Addition
TITLE	D	□ DE	1	TTLE					Change	☐ Addition
NAME	NORIEGA LABRIN, JORGE		1.21	AME						
STREET ADDRESS	13250 S.W. 96 STREET		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186			NY-S1	- ZIP				====	
TITLE	D	☐ DE	LETE 2.11	ITLE					Change	☐ Addition
NAME	noriega, maria		2.21	AME						
STREET ADDRESS	13250 S.W. 96 STREET		235	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	T-ZIP					
TITLE	S	□ DE	LETE 3.11	TLE					Change	Addition
NAME	NORIEGA, MARISOL		3.21	AME						
STREET ADDRESS	13250 S.W. 96 STREET		3.3 8	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	T-ZIP					
TITLE		☐ DE	LETE 4,11	ITLE			1		Change	☐ Addition
NAME			4 2	NAME						
STREET ADDRESS	ş		4.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				CITY-ST	-ZIP					
TITLE		□ DE							Change	☐ Addition
NAME			5.2 1	IAME						
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				ITY-ST	-ZIP					
TITLE		☐ D€	LETE 6.11	TLE					Change	☐ Addition
NAME			6.21	IAME						
STREET ADDRESS			6.3 \$	TREET	ADDRESS					
	•			OTV OF	. 710					

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:

305-388-3621