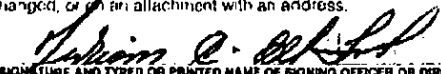


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 10, 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000008958 (9) 1. Corporation Name 02 TECH & EQUIPMENT, INC.					
Principal Place of Business 1111 SW 8TH ST. SUITE 202 MIAMI FL 33130			Mailing Address 1111 SW 8TH ST. SUITE 202 MIAMI FL 33130		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3855 SW 137 Ave #14 Suite, Apt #, etc. 22 Miami - Fla City & State 23 33175 Zip Country					
2a. Mailing Address 26 3855 SW 137 Ave #14 Suite, Apt #, etc. 27 Miami - Fla City & State 28 33175 Zip Country					
3. Date Incorporated or Qualified 02/05/1993					
4. FEI Number 65-0385357					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No					
8. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State 85 Zip Code					
9. Name and Address of New Registered Agent DEL SOL, MIRIAM C 414 SW 134 CT. MIAMI FL 33184					
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 _____ DATE _____ Signature typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when registering)					
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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