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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000018857 (1)

JUST TECHNOLOGIES, CORP.

Principal Place of Business Mailing Address						-{	88 98 8			
7344 NW 56TH 6 MIAMI FL 33166 US	STREET		7344 NW 56TH STREET MIAMI FL 33166 US				DO NOT WE	RITE IN THI	S SPACE	
							3. Date Incorporated or Qualifi	ed .		
6 District Disc		T 6					03/12/1993			
2. Principal Place) OI Business	F	2e. Mailing Address				4. FEI Number Applied For			·
21 Sulte, Apt. #, 6		26	Suite, Apt. #, etc.				65-0398139			lot Applicable
22		<u> </u>	27				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financin		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip Country		Zιρ	h		ntry		8. This corporation owes or has paid the current year Intangible			
24 25			29 30				Personal Property Tax due June 30. 🔀 Yes 🗌 No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
ZARA			l ⁸	1	Name					
	NW. 58 ST.				2	Street Addre	(P.O. Box Number is Not Acceptable)			
MIAM	FL 33166			ا	3					
				L	1				····	
				1	- 1	City		F		Code
11. Pursuant to the office or registagent. I am fe	ne provisions of Sections 60 stered agent, or both, in the amiliar with, and accept the	7.0502 and 607.15 State of Florida. St obligations of, Sec	08, Florida Statu ich change was tion 607.0505, Fl	les, the abo authorized orida Statut	by l	named corpo the corporatio	oration submits this statement for the property of the property of directors. I hereby according to the property of the proper	e purpose cept the ap	of changing a opointment as	its registered registered
SIGNATURE SIGNATURE	ature, typed or printed name of registe	red agent and tills if engli	cable (6)O	F. Pagislared A	laon	ot signature required	durha reinstation	DATE		
12.		S AND DIRECTOR	<u>`</u> _	13.	Alv. v	c aignature required	ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12
	PD		DELETE	1.1 TITLE					Change	Addition
,	ZARATE, ROBERTO				1.2 NAME					
	8925 COLLINS AVE APT	#2G				ADORESS				
	SURFSIDE FL 33154				1.4 CITY-ST-ZIP					
TITLE			DELETE	2.1 TITLE	_				Change	Addition
NAME				2.2 NAM	E					
STREET ADDRESS				2.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST- ZIP			ſ-ZIP		•		
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAM	Ē	,				
STREET ADDRESS				3.3 STRE	ET A	DDRESS				
CITY-ST-ZIP				3.4. CITY	-ST	<u>(-</u> zip				
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM	ŧE					
STREET ADDRESS				4.3 STRE	ET A	DDRESS				
CITY-ST-ZIP				4.4 CITY	-\$1-	- ZiP				
TITLE			L_ DELETE	DELETE 5.1 TITLE					L Change	Addition
NAME				5.2 NAMI	E					
STREET ADDRESS				5.3 S1RE	ET A	(DDRESS				
CITY-ST-ZIP				5.4 CITY	-ST-	- ZIP				<u>. </u>
TITLE			☐ DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAM	E					
STREET ADDRESS				6.3 STRE	et Ai	ODRESS				

14. Thereby certify that the information Sypplied 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 surplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee emissions. The provided HTML is a required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for the receiver of the corporation of the receiver or trustee emissions.