

3-13-98 B 3194C
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FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000037679 (6)

1. Corporation Name
FUNTECNIC, INC.



Principal Place of Business

7370 N.W. 36TH ST.
SUITE 415-G
MIAMI FL 33166
US

Mailing Address

7370 N.W. 36TH ST.
SUITE 415-G
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3900 IRVINGTON AVE
Suite, Apt. #, etc.

22 City & State
MIAMI FL

24 33133

25 USA

2a. Mailing Address

26 3900 IRVINGTON AVE
Suite, Apt. #, etc.

27 City & State
MIAMI FL

29 33133

30 USA

3. Date Incorporated or Qualified

05/26/1993

4. FEI Number

65-0421291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUGHES, LYNDLEY
7370 NW 36TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

HUGHES, LYNDLEY

82 Street Address (P.O. Box Number is Not Acceptable)

3900 IRVINGTON AVE

83

84 City

MIAMI.

FL

85 Zip Code
33133

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HUGHES, LYNDLEY
STREET ADDRESS 7370 N.W. 36TH ST., STE. 433
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
HUGHES, LYNDLEY
3900 IRVINGTON AVE
MIAMI, FL 33133

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/98

305/443-5253

Date

Daytime Phone # 0196674

CR2E034 (10/97)