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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000049068

1. Corporation Name
ALOE HI-TECH, INC.

Principal Place of Business
5924 W 16TH AVE
HIALEAH FL 33012

Mailing Address
7921 NW SOUTH RIVER DRIVE
P.O. BOX 319
MEDLEY FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

~~DOMINGUEZ, FRANK~~
~~5924 W 16TH AVE~~
~~HIALEAH FL 33012~~

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

07/13/1993

4. FEI Number

65-0525591

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 the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name **JOSE J. MARTINEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
7041 TORPHIN PL.

83

84 City **MIAMI LAKES**

FL

85 Zip Code
33014

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

Jose J. Martinez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-22-1999

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **DOMINGUEZ, FRANK**
STREET ADDRESS **5924 W 16TH AVE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **JOSE J. MARTINEZ**
1.3 STREET ADDRESS **7041 TORPHIN PL.**
1.4 CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

2.1 TITLE **SEC** ☐ Change ☒ Addition
2.2 NAME **MARCELINO SUAREZ**
2.3 STREET ADDRESS **7079 SW 47 STREET**
2.4 CITY-ST-ZIP **MIAMI, FL. 33155**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered

SIGNATURE:

Jose J. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-1999 / 305-7405703

CR2E034 (11/98)