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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

DOCUMENT # P9300056003 (5)

OFFICE AUTOMATION TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 21310 NORTHEAST 23RD COURT 21310 NORTHEAST 23RD COURT NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0431232 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be П 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, ☐ Yes ☐ No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOFFMANN, CHRISTIAN 82 Street Address (P.O. Box Number is Not Acceptable) 21310 NORTHEAST 23RD COURT NORTH MIAMI BEACH FL 33180 83 84 City 85 Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1 1 TITLE HOFFMANN, CHRISTIAN NAME 1.2 NAME CR2E034 21310 NORTHEAST 23RD COURT STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY - ST - ZIP 1.4 CHTY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition 2.1 TITLE HOFFMANN, ANA NAME 2.2 NAME 21310 NORTHEAST 23RD COURT STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition Addition NAME 3.2 NAME STREEL ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5. 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

CHUSTIAN HOFFHAMN 4/25/96 (305)932-8137

■ Addition

6. 1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 open attachment with an address.

DELETE

CNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR