

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90048 017 ***150.00

DOCUMENT # P93000066264

1. Corporation Name

HI - TECH TRAFFIC CONTROL, INC.



Principal Place of Business

8105 W 20 AVE =
SUITE 209
HIALEAH FL 33014 =
US

Mailing Address

8105 W 20 AVE =
SUITE 209 =
HIALEAH FL 33014 =
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1993

4. FEI Number

65-0441937

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

2. Principal Place of Business

21 9316 Collins Avenue

Suite, Apt. #, etc.

22

City & State

23 Surfside Florida

Zip

24 33154

Country

25 USA

2a. Mailing Address

26 9316 Collins Avenue

Suite, Apt. #, etc.

27

City & State

28 Surfside Florida

Zip

29 33154

Country

30 USA

9. Name and Address of Current Registered Agent

ORTIZ, HUMBERTO

= 8950 NW 110TH ST =

HIALEAH GARDENS FL 33016 =

10. Name and Address of New Registered Agent

81 Name

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

9316 Collins Avenue

83

84 City

Surfside

FL

85 Zip Code

33154

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)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ORTIZ, HUMBERTO

STREET ADDRESS 8105 W 2ND AVE =

CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ DELETE

NAME ORTIZ, LINDA

STREET ADDRESS 8105 W 20 AVE

CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☒ Change

☐ Addition

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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:

SIGNATURE OF HUMBERTO ORTIZ President 3-31-99 305-819-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0130728

CR2E034 (1/198)