

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

FILED  
Feb 25 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 # P93000068830 (7)

1. Corporation Name

INTERFACE TECHNOLOGIES, INC.

Principal Place of Business

5805 BLUE LAGOON DR  
STE 170  
MIAMI FL 33126  
US

Mailing Address

5805 BLUE LAGOON DR.  
STE 170  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1993

4. FEI Number

65-0461378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

2. Principal Place of Business

21 c/o 10729 SW 104TH STREET

Suite, Apt #, etc

22

City & State

23 MIAMI, FLORIDA

Zip

24 33176

Country

25 DADE

2a. Mailing Address

26 c/o 10729 SW 104TH STREET

Suite, Apt #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33176

Country

30 DADE

9. Name and Address of Current Registered Agent

TIE-SHUE, GARY L  
c/o 10729 SW 104TH STREET  
MIAMI, FLORIDA 33176  
5805 BLUE LAGOON DR.  
STE 170  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ST  
CHIA, GARY  
STREET ADDRESS 5805 BLUE LAGOON DR. #170  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PT  
TIE-SHUE, GARY C  
STREET ADDRESS 5805 BLUE LAGOON DR STE 170  
CITY-ST-ZIP MIAMI FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME CHIN, GARY  
1.3 STREET ADDRESS c/o 10729 SW 104TH STREET  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33176

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME TIE-SHUE, GARY C.  
2.3 STREET ADDRESS c/o 10729 SW 104TH STREET  
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33176

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:



 2/20/98

CR2E034 (10/97)