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Secretary of State

02-17-1999 90056 001 ***150.00



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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000081453			
1. Corporation Name MEGATECH TESTING SERVICES, INC.			
Principal Place of Business 1680 NW 96 AVE MIAMI FL		Mailing Address 1680 NW 96 AVE MIAMI FL	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
ACOSTA, AMADO J 1680 N.W. 96 AVE. MIAMI FL 33172			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
FL			
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)			
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ACOSTA, AMADO J	1.1 TITLE	
STREET ADDRESS	1680 NW 96 AVE	1.2 NAME	
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	
TITLE	VD	1.4 CITY-ST-ZIP	
NAME	ACOSTA, MICHAEL B	2.1 TITLE	
STREET ADDRESS	1680 NW 96 AVE	2.2 NAME	
CITY-ST-ZIP	MIAMI FL	2.3 STREET ADDRESS	
TITLE	VD	2.4 CITY-ST-ZIP	
NAME	ACOSTA, RICHARD A	3.1 TITLE	
STREET ADDRESS	1680 NW 96 AVE	3.2 NAME	
CITY-ST-ZIP	MIAMI FL	3.3 STREET ADDRESS	
TITLE	SD	3.4 CITY-ST-ZIP	
NAME	CARVAJAL, PEDRO J	4.1 TITLE	
STREET ADDRESS	1680 NW 96 AVE	4.2 NAME	
CITY-ST-ZIP	MIAMI FL	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 477-1707 ext. 11

0248207

CR2E034 (11/98)