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

DOCUMENT # P93000081453

MEGATECH TESTING SERVICES, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90056 001 ***150.00



Principal F 1680 NW 9 MIAMI FL	Place of Business 6 AVE	Mailing Address 1680 NW 96 AVE MIAMI FL			THE STATE OF THE SERVICE OF THE SERV
				DO NOT WRITE IN T 3. Date Incorporated or Qualifed	HIS SPACE
2. Principa	al Place of Business		1	11/18/1993	
21		2a. Mailing Address		4. FEI Number	
	pt. #, etc.	26		59-2332736	Applied For
22		Suite, Apt. #, etc.			*Not Applicable
City & S	itate	City & State		5. Certificate of Status Desired	Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current year	Intangible
<u> </u>	9. Name and Address of Curre	nt Registered Agent		Personal Property Tax.	□Yes □No
A^			81 Name	10. Name and Address of New Register	ed Agent
100	OSTA, AMADO J			•	
	80 N.W. 96 AVE.	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33172		83	*	
			84 City		
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508 Florida Statut	tos the share in	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the purpose of the purpose on the purpose of the pu	L 85 Zip Code
agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	tes, the above-named corp authorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
SIGNATURE		liuris of, Section 607.0505, Flo	orida Statutes.	on a board of directors. I hereby accept the app	ointment as registered
	Signature, typed or printed name of registered agen	and title if applicable Avore			
12	OFFICERS AN	D DIRECTORS	: Registered Agent signature require		-
TITLE	PD sk	☐ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME	ACOSTA, AMADO J				☐ Change ☐ Addition
STREET ADDRESS			1.2 NAME		ļ
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE	VD	☐ DELETE	1.4 CITY-ST-ZIP		
NAME	ACOSTA, MICHAEL B	E. 500010	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME	•	
CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS		1
TITLE	VD	☐ DELETE	2.4 CITY-ST-ZIP		
VAME .	ACOSTA, RICHARD A	C) beccie	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
STREET ADDRESS	1680 NW 96 AVE		3.2 NAME	4	
DITY-ST-ZIP	MIAMI FL		3.3 STREET ADDRESS	de .	
MLE	SD	C] DELETE	3.4. CITY-ST-ZIP	<u> </u>	
IAME	CARVAJAL, PEDRO J	L) DECE E	4.1 TITLE		☐ Change ☐ Addition
TREET ADDRESS	1680 NW 96 AVE		4. 2 NAME		
ITY-ST-ZIP	MIAMI FL		4.3 STREET ADDRESS		
πE			4.4 CITY-ST-ZIP		
AME		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
FREET ADDRESS			5.2 NAME		— manage [] Additions
TY-ST-ZIP	. .		5.3 STREET ADDRESS	, S S .	
TLE .			5.4 CITY-ST-ZIP		1:
ME		☐ DELETE	6.1 TITLE		Change Takes
REET ADDRESS	•.		6.2 NAME	•	Change Addition
Y-ST-ZIP			6.3 STREET ADDRESS		1
1-SI-ZIP			6.4 CITY-ST-7IP		1

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!

7-1707eft,11