

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000000065 (0)

1. Corporation Name  
BIZ TECH CORP.



Principal Place of Business  
8340 NW 103 ST.  
HIALEAH GARDENS FL 33016

Mailing Address  
8340 NW 103 ST.  
HIALEAH GARDENS FL 33016-4829

3. Date Incorporated or Qualified 12/20/1993  
3a. Date of Last Report 04/22/1996

4. FEI Number 65-0459325  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25  
9. Name and Address of Current Registered Agent  
FLORES, OSCAR  
1641 FAIRWAY ROAD  
PEMBROKE PINES FL 33026

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | P                       | DELETE <input type="checkbox"/> |
| NAME            | FLORES, OSCAR           |                                 |
| STREET ADDRESS  | 1641 FAIRWAY ROAD       |                                 |
| CITY - ST - ZIP | PEMBROKE PINES FL 33026 |                                 |
| TITLE           | VP                      | DELETE <input type="checkbox"/> |
| NAME            | FLORES, CELIA           |                                 |
| STREET ADDRESS  | 1641 FAIRWAY RD.        |                                 |
| CITY - ST - ZIP | PEMBROKE PINES FL 33026 |                                 |
| TITLE           | S                       | DELETE <input type="checkbox"/> |
| NAME            | FLORES, OSCAR JR        |                                 |
| STREET ADDRESS  | 1641 FAIRWAY ROAD       |                                 |
| CITY - ST - ZIP | PEMBROKE PINES FL 33026 |                                 |
| TITLE           |                         | DELETE <input type="checkbox"/> |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | DELETE <input type="checkbox"/> |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | DELETE <input type="checkbox"/> |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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: Oscar Flores 4/4/97 (305)823-1771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)