FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

AND FILED

95 FEB 28 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010332 (2)**

1. Corporation Name
FULL TECH, INC.

Principal Place of Business	Mailing Address
8318 N.W. 68TH STREET MIAMI FL 33166	8318 N.W. 68TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10227 N.W. 9st Circle	26 10227 N.W 9st Circle
Suite, Apt. #, etc. 22 APTO. #305	Suite, Apt. #, etc. 27 APTO. #305
City & State 23 MIAMI – FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33172 Country 25 USA	Zip 29 33172 Country 30 USA

4. FEI Number: 65-0467920 ☐ 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

9. Name and Address of Current Registered Agent

LOPEZ, ALEX
8318 N.W. 68TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: LIGIA CERRUTTI
82 Street Address (P.O. Box Number is Not Acceptable): 10227 N.W 9st. Circle #305
83
84 City: MIAMI FL 85 Zip Code: 33172

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: LIGIA CERRUTTI — 02/17/95
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINTO, ANTONIO 8318 N.W. 68TH STREET MIAMI FL 33166	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition D PINTO, ANTONIO 10227 N.W 9st Circle #305 MIAMI –FLA 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINTO, NELSON 8318 N.W. 68TH STREET MIAMI FL 33166	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition D PINTO, NELSON 10227 N.W 9st Circle #305 MIAMI FLA 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ANTONIO PINTO – — 02/17/95 — 305-8207258
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0178000 CP