


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90058 004 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P940000010332

1. Corporation Name  
FULL TECH, INC.

Principal Place of Business

~~10227 N.W. 93RD CIRCLE~~  
~~APT. 305~~  
 MIAMI FL 33172  
 US

Mailing Address

~~10227 N.W. 93RD CIRCLE~~  
~~305~~  
 MIAMI FL 33172  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

4. FEI Number

65-0467920

Applied For	Not Applicable
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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees
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8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ~~8895 FONTAINBLEAU BLVD~~  
 Suite, Apt. #, etc. #405

2a. Mailing Address

26 ~~8895 FONTAINBLEAU BLVD~~  
 Suite, Apt. #, etc. #405

City &amp; State

23 Zip Country

24 Zip Country

City &amp; State

27 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CERRUTTI, LIGIA  
~~10227 NW 93RD CIRCLE, APT 305~~  
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name Antonio Pinto  
 82 Street Address (P.O. Box Number is Not Acceptable) 8895 FONTAINBLEAU BLVD, #405  
 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

[Signature]

(NOT: Registered Agent signature required when reinstating)

DATE 05/10/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PINTO, ANTONIO	
STREET ADDRESS	<del>10227 N.W. 93RD CIRCLE</del>	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PINTO, NELSON	
STREET ADDRESS	10227 N.W. 93RD CIRCLE, APT 305	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8895 FONTAINBLEAU BLVD, #405
1.4 CITY-STATE-ZIP	MIAMI, FL 33172
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04/26/99

DAYTIME PHONE # (305) 2262541

CR2E034 (11/98)