1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000015973

1. Corporation Name

AFFORDARI E TECHNOLOGY INC

Principal Place of Business	Mailing Address
1621 SW 75 AVE MIAMI FL 33155	4621 SW 75 AVE MIAMI FL 33155
¬ ·	2a. Mailing Address
1	2a. Mailing Address 26 Suite, Apt. #, etc.
Suite, Apt. #, etc.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90005 048 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

3. Date incorporated or Qualifed 03/01/1994 4. FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

65-0484638

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
	ISSEAU, SANTIAGO		82	Stroot A	ddress (P.O. Box Number is No	t Accentable)			
4621	SW 75 AVE		02	Street	address (F.O. Box Number is Ne.	it Acceptable)			
, MIAN	WI FL 33155		83					•	
	·						-1 /		
			84	City		Fl	85 Zip C	ode	
44	to the provisions of Sections 607.0502 and 607.1508, Flor	ida Statutes the	above	named o	ornoration submits this stateme	nt for the purpose o	f changing its i	egistered	
office or n	egistered agent, or both, in the State of Florida. Such char m familiar with, and accept the obligations of, Section 607.	ige was authoriz	ed by t	he corpo	ration's board of directors. I hen	eby accept the appo	ointment as reg	istered	
SIGNATURE	,	NOTE D	A		quired when reinstating)	DATE			
40	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Register		signature re-	ADDITIONS/CHANGE		ND DIRECTOR	RS IN 12	
12.	OFFICERS AND DIRECTORS		TITLE		ADDITION OF MANAGE	0.10.011.102.10.11	☐ Change	Addition	
TITLE	–							_	
NAME	ROUSSEAU, SANTIAGO		NAME						
STREET ADDRESS	4621 SW 75 AVE	1,3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-2				Channe	Addition	
TITLE		ELETE 2.1	2.1 TITLE				Change	☐ Addison	
NAME	LEON, MANUEL JR.	2.2	NAME	1					
STREET ADDRESS	4621 SW 75 AVE	2.3	STREET	ADORESS					
CITY-ST-ZIP	MIAMI FL 33155	2.4	CITY-ST	-ZIP -	٠ جي ڍ		·		
TITLE		ELETE 3.1	TITLE				Change	☐ Addition	
NAME	`	3.2	NAME						
STREET ADDRESS		3.3	STREET	ADDRESS					
CITY-ST-ZIP		3.4	. CITY-S1	-ZIP					
TITLE		DELETE 4.1	TITLE			· ·	☐ Change	☐ Addition	
NAME		4.:	2 NAME						
STREET ADDRESS		4.3	STREET	ADDRESS					
CITY-ST-ZIP		4.4	CITY-ST	-ZIP			•		
TITLE			TITLE	<u></u>			Change	Addition	
NAME			NAME				=		
		5.3	STREET	ADDRESS					
STREET ADDRESS			CITY-ST						
CITY-ST-ZIP	រាក		TITLE	-			☐ Change	Addition	
TITLE	·	,	NAME				3 -	_	
NAME	. /	\sim		ADDRESS					
STREET ADDRESS			CITY-ST						

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:

XATURE REQUIRED URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #