

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000024448 (0)

1. Corporation Name:
MOTOR TECH, INC.



Principal Place of Business
10365 SLEEPY BROOK WAY
BOCA RATON FL 33428
US

Mailing Address
10365 SLEEPY BROOK WAY
BOCA RATON FL 33428
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10365 Sleepy Brook Way Suite, Apt. #, etc. 22 City & State Boca Raton, FL 23 Zip 33428 24 County Palm Bch 25		2a. Mailing Address 26 10365 Sleepy Brook Way Suite, Apt. #, etc. 27 City & State Boca Raton FL 28 Zip 33428 29 Country PBC 30		3. Date Incorporated or Qualified 03/24/1994	
4. FEI Number 65-0475399		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FIGUEROA, NOEL 22445 SWORDFISH DR BOCA RATON FL 33428				10. Name and Address of New Registered Agent 81 Name FIGUEROA, NOEL 82 Street Address (P.O. Box Number is Not Acceptable) 10365 Sleepy Brook Way 83 84 City Boca Raton FL 85 Zip Code 33428	

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: Daina Hasson, JP (NOTE: Registered Agent signature required with reinstating) DATE: 5/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, NOEL	1.2 NAME	FIGUEROA, NOEL
STREET ADDRESS	22445 SWORDFISH DR	1.3 STREET ADDRESS	10365 Sleepy Brook Way
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, DAINA	2.2 NAME	HASSON, DAINA
STREET ADDRESS	22445 SWORDFISH DR	2.3 STREET ADDRESS	10365 Sleepy Brook Way
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daina Hasson Daina Hasson 561 4839447

CP2E034 (10/97)