

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90089 046 ***150.00

DOCUMENT # P94000024448

1. Corporation Name
MOTOR TECH, INC.

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

Mailing Address
10365 SLEEPY BROOKWAY
BOCA RATON FL 33428
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19424 Hampton Drive Suite, Apt. #, etc. 22 City & State 23 Boca Raton, FL Zip 24 33434 Country 25 USA		2a. Mailing Address 26 PO Box 81141 Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip 29 33481 Country 30 USA		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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FIGUEROA, NOEL
10365 SLEEPY BROOK WAY
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)	
83	19424 Hampton Drive
84 City	Boca Raton FL 85 Zip Code 33434

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 Noel Figueroa DATE 4/12/99
(NOTE: Registered Agent Signature Required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, NOEL	1.2 NAME	Figueroa, Noel
STREET ADDRESS	10365 SLEEPY BROOK WAY	1.3 STREET ADDRESS	19424 Hampton Drive
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, DAINA	2.2 NAME	Hasson, Daina
STREET ADDRESS	10365 SLEEPY BROOK WAY	2.3 STREET ADDRESS	19424 Hampton Dr
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

Daina Hasson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
Date

561 483 9447
Daytime Phone #

CR2E034 (1/98)

0343346