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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000042292 (0)**

1. Corporation Name
INFINITY TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
10250 S.W. 56TH STREET SUITE A201 MIAMI FL 33165 US	10250 S.W. 56TH STREET SUITE A201 MIAMI FL 33165-7064 US

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 7356 SW 48th St.
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33155
25: Country

2a. Mailing Address
26: 7356 SW 48th St.
27: Suite, Apt. #, etc.
28: City & State: Miami, FL
29: Zip: 33155
30: Country

4. FEI Number: 65-0495775 ☐ 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

OLLE, DENNIS J
201 SOUTH BISCAYNE BLVD.
1402 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	REVELL, WALTER L.		1.2 NAME	
STREET ADDRESS	7211 S. BEDLINGTON RD.		1.3 STREET ADDRESS	528 Altara Ave.
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	DEVP	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	REVELL, SHEILA W.		2.2 NAME	
STREET ADDRESS	7211 S. BEDLINGTON RD.		2.3 STREET ADDRESS	528 Altara Ave.
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	DP	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	KARAKI, MOHAMMAD		3.2 NAME	
STREET ADDRESS	10250 S.W. 56TH STREET, #A201		3.3 STREET ADDRESS	8441 SW 84th Ave.
CITY-ST-ZIP	MIAMI FL 33165		3.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	REVELL, KEITH D.		4.2 NAME	
STREET ADDRESS	65 WILTON PASTURE LANE #303		4.3 STREET ADDRESS	16035 NW 64th Ave. Apt. 112
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901		4.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☑ Addition
NAME	REVELL, ELLIOT N.		5.2 NAME	
STREET ADDRESS	935 7TH AVE APT7		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	33139
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☑ Addition
NAME	ELMSLIE, DINA R.		6.2 NAME	
STREET ADDRESS	8500 SW 155TH TERR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	33157

CR2E034 (9/96)

14. I do 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: Dina Elmslie 4/30/97 305-663-9993