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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

7356 SW 48TH ST
MIAMI FL 33155
US

Mailing Address

7356 SW 48TH ST
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 557757

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

24 Zip 33255-7757

25 Country USA

2a. Mailing Address

26 P.O. Box 557757

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

29 Zip 33255-7757

30 Country USA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DCEO
STREET ADDRESS REVELL, WALTER L.
CITY-ST-ZIP 528 ALTARA AVE
COAL GABLES FL

TITLE ☐ DELETE

NAME DEVP
STREET ADDRESS REVELL, SHEILA W.
CITY-ST-ZIP 528 ALTARA AVE
CORAL GABLES FL

TITLE ☒ DELETE

NAME DP
STREET ADDRESS KARAKI, MOHAMMAD
CITY-ST-ZIP 8441 SW 84TH AVE
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS REVELL, KEITH D.
CITY-ST-ZIP 10635 NW 64TH AVE, APT 112
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS REVELL, ELLIOT N.
CITY-ST-ZIP 935 7TH AVE APT 7
MIAMI BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS ELMSLIE, DINA R.
CITY-ST-ZIP 8500 SW 155TH TERR.
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Coral Gables

2.1 TITLE D/P ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D/vp ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D/vp ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D/S/T/EXP ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Dina C. Elmslie Dina C. Elmslie 4-27-98 305-755-2025

CR2E034 (10/97)