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
99 MAR -8 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042292 (0)

1. Corporation Name
Infinity Technologies, Inc.

Principal Place of Business	Mailing Address
P.O. Box 557757 Miami, FL 33255-7757	P.O. Box 557757 Miami, Fl. 33255 7757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30

3. Date Incorporated or Qualified: 6/01/94

4. FEI Number: 65-0495779 [ ] 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 the current year Intangible Personal Property Tax [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

Dennis J. Olle
201 South Biscayne Blvd.
1402 Miami Center
Miami, Fl 33131

10. Name and Address of New Registered Agent

81 Name: Dina Elmslie
82 Street Address (P.O. Box Number is Not Acceptable): 8500 SW 155 Terrace
83
84 City: Miami **FL** 85 Zip Code: 33157

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: Dina Elmslie Dina Elmslie Vice President 2-18-99
Signature, typed or printed name of registered agent, and title of officer, if applicable (NOTE: Registered Agent's signature required when changing agent) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	Walter L. Revell		12 NAME	
STREET ADDRESS	528 Altara Ave		13 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146		14 CITY-ST-ZIP	
TITLE	DP	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	Sheila W. Revell		22 NAME	
STREET ADDRESS	528 Altara Ave		23 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146		24 CITY-ST-ZIP	
TITLE	DVP	[ ] DELETE	31 TITLE	[✓] Change [ ] Add
NAME	Keith D. Revell		32 NAME	
STREET ADDRESS	10635 NW 64 Ave. #113		33 STREET ADDRESS	16035
CITY-ST-ZIP	Miami, FL 33014		34 CITY-ST-ZIP	Miami Lakes
TITLE	DVP	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME	Elliot N. Revell		42 NAME	
STREET ADDRESS	8500 SW 155 Ter.		43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33157		44 CITY-ST-ZIP	
TITLE	DSTV	[ ] DELETE	51 TITLE	[✓] Change [ ] Add
NAME	Dina R. Elmslie		52 NAME	Dina C. Elmslie
STREET ADDRESS	8500 SW 155 Ter.		53 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33157		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 constitute 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: Dina Elmslie Dina Elmslie 2-18-99 305-255-2025