

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY 12 AM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053001 (1)

1. Corporation Name

NEXT TECH. INC.

Principal Place of Business

355 COCONUT CIRCLE
FORT LAUDERDALE FL

Mailing Address

355 COCONUT CIRCLE
FORT LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

4. FEI Number

65-05-06992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 55 Weston Road

Suite, Apt. #, etc.

22 Suite 402

City & State

23 Fort Lauderdale, FL

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 55 Weston Road

Suite, Apt. #, etc.

27 Suite 402

City & State

28 Fort Lauderdale, FL

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

KREILING, EDWARD PAUL
1825 N. COMMERCE PKWY., SUITE 225
FT. LAUDERDALE FL 33326

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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	UZCATEGUI, GASTON
STREET ADDRESS	355 COCONUT CIRCLE
CITY ST ZIP	FORT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	☒ Change ☐ Addition
2. NAME	Uzcategui, Gaston	
3. STREET ADDRESS	355 Coconut Circle	
4. CITY - ST - ZIP	Fort Lauderdale, FL 33326	
5. TITLE	VP/ Secretary / Treasurer	☐ Change ☒ Addition
6. NAME	Ochoa, Irving	
7. STREET ADDRESS	859 Verona Lane Dr	
8. CITY - ST - ZIP	Fort Lauderdale, FL 33326	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

800001490578

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****225.00 ****225.00

SCC 5-12-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

[Signature]

Irving Ochoa C

VPST

5/6/95

(307) 3649131