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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

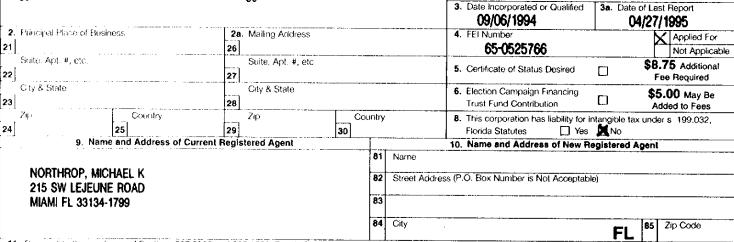
P94000066275 (6)

HI/LO TECH, INC.

Principal Place of Business Mailing Address

3681 N. PROSPECT DR. MIAMI FL 33133

3681 N. PROSPECT DR. MIAMI FL 33133 US



11. Fursiant to the provisors 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 Signation by a Los proper name of registrant agrad and stell appointance. INVIE. Registered Agrant signature required when reinstating). Date Date Date Dat			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
1/1.F	D DELETE	1 1 TITLE	Change Addition
NAME	COMFORTI, NICK	1.2 NAME	
STREET ADDRESS	3681 N PROSPECT DRIVE	13 STREET ADDRESS	□ Change □ Addition
C017 - S1 (Z0)	MIAMI FL 33133	1.4 CITY - ST - ZIP	
TILE	DELETE	2 1 TITLE	Change Addition
NAME		22 NAME	— · —
STREET ADDICESS		23 STREET ADDRESS	
CIY 57 72		2 4 CITY - ST - ZIP	
THE	DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
City-St-Zif		3 4 CITY - ST - ZIP	
TIFLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAMI		4.2 NAME	
SCREET ADDRESS		4.3 STREET ADDRESS	
City St-ZiP		4.4 CITY - ST - ZIP	
TIME	DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STEEL ADDRESS		5.3 STREET ADDRESS	
CEV-SI-ZIP		5.4 CITY - ST - ZIP	
THE	DELETE	6 1 TITLE	Change Maddition
NAME		6.2 NAME	
STREET ACORESS		63 STREET ADDRESS	
CITY ST-ZIP		6 4 CHTY - ST - ZIP	

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 119.07(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 code, 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 oath, that I am an officer or di appears in Block 12 or Block

SIGNATURE:

NICK COMFORTI