PROFIT: **CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P94000081797

DOMINATOR TECHNOLOGIES, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90184 049 ***150.00

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Principal Place	of Business	Mailing Address	_			- I I BATTANI TIN TATLI NISIT NSILI KUTA N	01E1 00:0: 18:01 11011	18010 11)	
12062 S.W. 117TH COURT 12062 S.W. 117TH COURT										
SUITE 132 SUITE 132						DO NOT WRITE IN THIS SPACE				
MIAMI FL 33186 MIAMI FL 33186						3. Date Incorporated or Qualified	N THIS SPACE			i
						11/08/1994				
. Dringing DI	and of Dunings	2a. Mailing Address			····	4. FEI Number	1	App	lied For	
	ace of Business					65-0535326	<u> </u>	+ ''	Applicable	į
Suite, Apt.	# oto	Suite, Apt. #, etc.	_			00 000020	\$8.		ditional	ı
— ' '	•	27				5. Certifcate of Status Desired		e Req		
City & State	<u>iens su karintii, kakke laantii.</u> B	City & State				6. Election Campaign Financing	. \$5	00 4	fay Be	
23		28				Trust Fund Contribution	,	ded to	*	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year Intangible		_	
24	[25]	29	30			Personal Property Tax.	☐Yes	[No	
	9. Name and Address of Curre	nt Registered Agent		Ľ.		10. Name and Address of New Reg	istered Agent			
				81	Name					
	LON, RICARDO			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			l I
	2 S.W. 117TH COURT				***					١.
	E 132			83						
MIAN	/II FL 33186			84	City		85	Zip Ci		
					•	<u> </u>	FL.	-		
11: Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	bove	-named corpo	pration submits this statement for the pur n's board of directors. I hereby accept th	pose of changing	g its r	egistered	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	rida Stati	ites.	ine corporation	ns poard of directors. Thereby accept to	е арропшнет п	is regi	310104	1
SIGNATURE										
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered	Agen	t signature required		DATE			1
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	☐ D€LETE	1,1 ∏				☐ Cha	nge	☐ Addition	1
NAME	SABLON, RICARDO	* 400	1.2 N		j					Ş
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NAME	SABLON, MARTHA		2.2 N/							
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NAME					ADDRESS					ĺ
STREET ADDRESS				TY-S1						
CITY-ST-ZIP					1					1

14. I hereby certify that the information supplied with this filing does not gualify 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 factor 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 ameddress with all other like empowered.

SIGNATURE:

GUIRED SIGNAT NAME OF SIGNING OFFICER OR DIRECTOR