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FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

PERFORMANCE Technology INTERNATIONAL, INC

Principal Place of Business

8350 NW 52 TER

Mailing Address

20515 E. Country Club Dr
APT 1542
Aventura, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/95

2. Principal Place of Business

21 8350 NW 52 TER

Suite, Apt. #, etc

22 301

City & State

23 MIAMI

Zip

24 FL

Country

25 33166

2a. Mailing Address

26 20515 E. Country Club Dr

Suite, Apt. #, etc

27 APT 1542

City & State

28 Aventura

Zip

29 FL

Country

30 33180

4. FEI Number

65-0591058

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

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

9. Name and Address of Current Registered Agent

Stoller, ERIC
20515 E. Country Club Dr
Aventura, FL 33180

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

Eric Stoller

(Print Name of Registered Agent) (Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME STOLLER, ERIC
STREET ADDRESS 20515 Country Club Dr #1542
CITY-ST-ZIP Aventura, FL 33180

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Eric Stoller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

Date

305-513-9480

Daytime Phone

CR2E034 (10/97)