FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARAMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000045697 DOCUMENT # 1. Corporation Name CCR Technology, Inc. Maring Address Principal Place of Business 2320 S.W. 19th. Ter 2320 S.W. 19th. Ter Miami, FL 33145 Miami, FL 3a. Date of Last Report 3. Date Incorporated or Qualified 6-13-95 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0595458 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Country Z_{i0} Zin X Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) Silvia Casero 83 2320 S.W. 19th. Ter Zip Code 85 Miami, FL 33145 City 84 11. Pursuant to the provisions of Sections 637,0502 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. Thereby accept the appointment as registered agent if amiliar with, and accept the obligations of Section 607,0505. Florida Statutes DATE SIGNATURE IN HE Risk head April Squature for at neil typed or protect teachers of they of invitaged and the it appears ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 TITLE TITLE P/T/D NAME Guillermo Catalan 13 STREET ADDRESS STREET ADDRESS 21 Calle 8-68, Zona 11 1.4 CITY - S1 - ZIP Guatemala, Guatemala; C.A. CITY - ST - ZIP ☐ Change ☐ Addition 2.1303 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS. STREET ADDRESS 24 CITY - S' 7'P CITY-S1-ZIP ☐ Addition Change DELFTE 3.1 DUE TITLE 3.2 NAME Maria E. Alvarado NAME 3.3. STREET ADDRESS 21 Calle 8-69, Zona 11 STREET ADDRESS 700001783757 -04/17/96--01045--009mange Guatemala, Guatemala, C.A. 3.4 O(1Y - 51 - Zif-CITY - ST - ZIP ☐ Addition DELETE 4.1 HLF TITLE ***200.00 4.2 NAME NAME 4.3 STREET ADDRESS STREE! ADDRESS 4.4 CITY - 5" - 7-P CITY-ST ZIP Change Addition DELETE 5 1 1/11/19 TITLE 5.2 NAME Silvia Casero NAME 5.3 STREET ADDRESS 2320 S.W. 19 Ter STREET ADDRESS 5.4 CIFY - ST - 7/P Miami, FL 33145 CITY - ST - ZIP Change Addit.on (DELETE 6 1 III.£ TIFLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY | \$' - ZiP

SIGNATURE:

appears in Block 12 or Block

on an attachment with an andress

14. I do hereby certify that the information supplied with this firing 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 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 certify that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name are the first officers of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 3-20-1996 (305) 856-5175

CR2E034 (12/95)