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Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000045697 (6)

1. Corporation Name  
CCR TECHNOLOGY, INC.



Principal Place of Business  
2320 S.W. 19TH TERR  
MIAMI FL 33145

Mailing Address  
2320 S.W. 19TH TERR  
MIAMI FL 33145-2504

3. Date Incorporated or Qualified  
06/13/1995

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business  
21 7611 S.W. 153 COURT

2a. Mailing Address  
26 P.O. Box 665028

4. FEI Number  
65-0595458

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 104

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Miami, FL

City & State  
28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country  
24 33145 25 U.S.A.

Zip Country  
29 33265 30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUBILLOS, ULYSSES A  
8306 N.W. 7 STREET #33  
MIAMI FL 33126

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME CATALAN, GUILLERMO  
STREET ADDRESS 21 CALLE 8-88, ZONA 11, COLONIA MARISCAL,  
CITY-ST-ZIP GUATEMALA, CENTRAL AMERICA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  
NAME ALVARADO, MARIA E  
STREET ADDRESS 21 CALLE 8-88, ZONA 11, COLONIA MARISCAL,  
CITY-ST-ZIP GUATEMALA, CENTRAL AMERICA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AS  
NAME CUBILLOS, ULYSSES A  
STREET ADDRESS 8306 N.W. 7 STREET #33  
CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (305)267-1557

CR2E034 (9/96)