

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90260 048 ***158.75

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000045697** ✓

1. Corporation Name
CCR Technology, Inc.

Principal Place of Business

Mailing Address

Yo Mario R. Delgado, P.A. Yo Mario R. Delgado, P.A.

2. Principal Place of Business

2a. Mailing Address

21 **2151 W. Thune Road**

26 **2151 W. Thune Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 202**

27 **Suite 202**

City & State

City & State

23 **Coral Gables, FL**

28 **Coral Gables FL**

Zip

Country

Zip

Country

24 **33134**

USA

29 **33134**

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Mario R. Delgado, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2151 W. Thune Road

83

Suite 202

84 City

Coral Gables

FL

85 Zip Code

33134

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 resigning)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☒ Addition

NAME

1.2 NAME **D Guillermo Catalan**

STREET ADDRESS

1.3 STREET ADDRESS **Yo Mario R. Delgado, P.A.**

CITY-ST-ZIP

1.4 CITY-ST-ZIP **2151 W. Thune Road, Suite 202**

TITLE ☐ DELETE

2.1 TITLE **DS Mario R. Delgado, Esq.**

NAME

2.2 NAME **2151 W. Thune Road, Suite 202**

STREET ADDRESS

2.3 STREET ADDRESS **Coral Gables FL 33134**

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE **DP Jose Luis Castro**

NAME

3.2 NAME **Yo Mario R. Delgado, P.A.**

STREET ADDRESS

3.3 STREET ADDRESS **2151 W. Thune Road, Suite 202**

CITY-ST-ZIP

3.4 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.5 TITLE

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 CITY-ST-ZIP

TITLE ☐ DELETE

6.9 TITLE

NAME

6.10 NAME

STREET ADDRESS

6.11 STREET ADDRESS

CITY-ST-ZIP

6.12 CITY-ST-ZIP

TITLE ☐ DELETE

6.13 TITLE

NAME

6.14 NAME

STREET ADDRESS

6.15 STREET ADDRESS

CITY-ST-ZIP

6.16 CITY-ST-ZIP

TITLE ☐ DELETE

6.17 TITLE

NAME

6.18 NAME

STREET ADDRESS

6.19 STREET ADDRESS

CITY-ST-ZIP

6.20 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 (305) 774-9210

CR2EN34 (11/98)