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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9500057341 (6)
READING TECH, INC.

FILED
Feb 27 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			
395 W. 10TH ST. Suite 4 Hialeah Fl 33010	395 W. 10TH ST. Suite 4 Hialeah Fl 33010		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1995	
2. Principal Place of Business 21	2a. Mailing Address		4. FEI Number 65-0609816	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25		Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
g, Name and Address of Cur	rent Registered Agent	81 1	10. Name and Address of New Registered	d Agent
ACEVEDO, OLGA L			чатте	
674 W. 65TH DRIVE HIALEAH FL 33012		82 8	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84 (City	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 public 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 located the orbit patients of Section 607.0505, Florida Statutes.

SIGNATURE	x (197)		02/20/98
		Brigistored Agent signature requ	uired when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	Change Addition
NAME	ACEVEDO, OLGA L	1.2 NAME	
STREET ADDRESS	674 W. 65 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4. CITY - ST- ZIP	
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	DEEETE	51 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	

14. Thereby 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 proposered 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 a true and accurate and the second statutes.

02/28/98 (305) 887-7562

SIGNATURE: