

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90003 011 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # P 95000057341**

1. Corporation Name  
**READING TECH, INC.**

Principal Place of Business  
**395 W 10TH ST**  
**SUITE 4**  
**HIALEAH, FL. 33010**

Mailing Address  
**395 W 10TH ST**  
**SUITE 4**  
**HIALEAH, FL. 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**8/01/95**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0609816	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 Country	29 Country	7. Trust Fund Contribution	
	30	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## 9. Name and Address of Current Registered Agent

**ACEVEDO, OLGA L**  
**674 W 65 TH DR**  
**HIALEAH, FL. 33012**

## 10. Name and Address of New Registered Agent

81 Name  
**Jack Perez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2280 SW 132 Avenue**  
 83  
 84 City  
**Miami**  
 85 Zip Code  
**FL 33175**

11. Pursuant to the provisions of Sections 607.0602 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ACEVEDO, OLGA L	1.2 NAME	Jack Perez
STREET ADDRESS	674 W 65 DR	1.3 STREET ADDRESS	2280 SW 132 Ave
CITY-ST-ZIP	HIALEAH, FL. 33012	1.4 CITY-ST-ZIP	Miami, FL 33175
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

Jack Perez

4-29-99

Date

(305) 857-3450

Daytime Phone #

CR2E034 (1/98)