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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093570 1. Corporation Name

DBK TECHNOLOGIES, INC.					
Principal Place of Business	Mailing Address				
12905 SW 129TH AVE MIAMI FL 33186 US	12905 SW 129TH AVE MIAMI FL 33186 US				

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

02-12-1999 90020 031 ***150.00



					- 4710							
Principal Place	e of Business	Mailing Ad	ddress									
12905 SW 129T			129TH AVE							1		
MIAMI FL 33186 MIAMI FL 33186 US US							. DO V	IOT WRIT	E IN THIS	SPACE		
					3 Date	e Incorporated or		_ 0.4 11110			٦	
							/08/1995					
6 Principal Di	land of Rusinass	2a. Mailin	a Address				Number			. Ar	oplied For	٦,,
-	ace of Business	26	g . (GG, GG			1	-0637264			<u> </u>	ot Applicable	, ş
21 Suite, Apt. i	# etc		Apt. #, etc.							\$8.75	Additional	7
-	#, Etc.	27				5. Cer	tifcate of Status D	esired		Fee Re	equired	
City & State	е		State			6. Ele	ction Campaign Fi	inancing		\$5.00	May Be	
23	•	28				1	st Fund Contributi				to Fees	
Zip	Country	Zip		Countr	у	8. This	s corporation owe:	s the curre	nt year Int	angible		
24	25	29	ſ	30			sonal Property Ta			☐ Yes	□No	
		of Current Registered A	Agent			10. Na	me and Address	of New R	egistered	Agent		_
		· · · · · · · · · · · · · · · · · · ·		8	1 Name			•				1
	to, James R	_		8:	Street 4	Address (P.O.	Box Number is No	t Accental	ole)			\dashv
	SOUTH BISCAYNE BLV	/ D.		"	- Succer	, (a) 663 (i) .O.					- e. t. 203 Au	_
	E 2350			83	3		144 14 -10		经海线	建设		- {
MIAN	AI FL 33131			_	4 6016		1 1 1 1 1	* * * * *	1 1 1 1 1 1 1 1 1	85 Zip	Code	\dashv
				84	4 City				FL	. 65 24		- 1
44 Pursuant	to the provisions of Section	ns 607.0502 and 607.150	8, Florida Statute	es, the abo	ve-named	corporation sul	omits this stateme	nt for the	ourpose of	changing its	registered	\dashv
offine or re	to the provisions of Section	the State of Florida, Suc	n change was at	imonzea o	v me corbo	corporation sul oration's board	omits this stateme of directors. I here	nt for the p eby accep	ourpose of the appoi	changing its ntment as re	registered egistered	
office or re agent. I as	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of Florida, Suc	n change was at	imonzea o	v me corbo	corporation sul pration's board	omits this stateme of directors. I here	nt for the paby accep	ourpose of the appoi	changing its ntment as re	s registered egistered	
office or reagent. I as	egistered agent, or both, ir m familiar with, and accept	n the State of Florida. Suc t the obligations of, Sectio	n change was at n 607.0505, Flor	ida Statute	y the corpo	equired when reinsta	ting) (they		DATE			
office or re agent. I as	egistered agent, or both, in familiar with, and accept signature, typed or printed name of	n the State of Florida. Suc t the obligations of, Sectio	n change was at n 607.0505, Flor	ida Statute	y the corpo	equired when reinsta	or directors. There		DATE	ID DIRECTO	ORS IN 12	
office or reagent. I as	egistered agent, or both, in familiar with, and accept signature, typed or printed name of	n the State of Florida. Suc t the obligations of, Sectio registered agent and title if applicab	n change was at n 607.0505, Flor	ida Statute	y the corpo	equired when reinsta	ting) (they		DATE			uc no
office or reagent. I as	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF	n the State of Florida. Suc t the obligations of, Sectio registered agent and title if applicab	in change was at on 607.0505, Flor He. (NOTE:	Registered Ag	ent signature re	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO	ORS IN 12	n n n n n n n n n n n n n n n n n n n
office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at on 607.0505, Flor He. (NOTE:	Registered A9 13. 1.1 TITLE 1.2 NAME	ent signature re	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO	ORS IN 12	00 277
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at on 607.0505, Flor He. (NOTE:	Registered A9 13. 1.1 TITLE 1.2 NAME	ent signature re	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO	DRS IN 12	, and a second
office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at on 607.0505, Flor He. (NOTE:	Registered A9 13. 1.1 TITLE 1.2 NAME	ent signature re	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO	ORS IN 12	, and a second
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at the first of t	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature re	equired when reinsta	ting) :: 1773		DATE	ND DIRECT(☐ Change	ORS IN 12	, and a second
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at the first of t	Registered A9 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature re	equired when reinsta	ting) :: 1773		DATE	ND DIRECT(☐ Change	ORS IN 12	, and a second
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at the first of t	Registered A9 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature re ET ADDRESS ST-ZIP ET ADDRESS	equired when reinsta	ting) :: 1773		DATE	ND DIRECT(☐ Change	ORS IN 12 Addition	on C
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	in change was at the first of t	Registered A9 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE	ND DIRECT(☐ Change	ORS IN 12	on C
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	n change was at an 607.0505, Flor	Registered A9 13, 1,1 TITLE 1,2 NAME 1,3 STRE 1,4 CITY- 2,1 TITLE 2,2 NAME 2,3 STRE 2,4 CITY	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO Change	ORS IN 12 Addition	on C
office or ragent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	n change was at an 607.0505, Flor	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO Change	ORS IN 12 Addition	on C
office or ragent. I are street address city-st-zip title name street address city-st-zip title name street address city-st-zip title name street address str	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	n change was at an 607.0505, Flor	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE 3.3 STREE 3.3 STREE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	equired when reinsta	ting) :: 1773		DATE	ID DIRECTO Change	ORS IN 12 Addition	on C
office or ragent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabance	n change was at an 607.0505, Flor	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ent signature re ent signature re et ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	equired when reinsta	ting) :: 1773		DATE	DIRECTC Change	ORS IN 12 Addition	on C
office or ragent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AV	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at an 607.0505, Flor No. (NOTE: S DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECTC Change	DRS IN 12 Addition Addition Addition	on C
office or ragent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at an 607.0505, Flor No. (NOTE: S DELETE	13, 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECTC Change	DRS IN 12 Addition Addition Addition	on C
office or ragent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at an 607.0505, Flor No. (NOTE: S DELETE	Registered A9 13, 1.1 TITLE 1.2 NAME 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECTC Change	DRS IN 12 Addition Addition Addition Addition Addition	on C
office or in agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at all no 607.0505, Flor NoTE: IN DELETE DELETE DELETE DELETE	13 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 4.4 CITY	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECTC Change	DRS IN 12 Addition Addition Addition Addition Addition	on on
office or reagent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at an 607.0505, Flor No. (NOTE: S DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	on on
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at all no 607.0505, Flor NoTE: IN DELETE DELETE DELETE DELETE	13, 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	on on
Office or in agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at all no 607.0505, Flor NoTE: IN DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	on on
Office or in agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at an 607.0505, Flor 10.0505,	13, 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	SCELECT CONTRACTOR OF THE CONT
Office or in agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at all no 607.0505, Flor NoTE: IN DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 6.1 TITLE 5.2 NAME 6.1 TITLE 5.1 TITLE 5.2 NAME 6.1 TITLE 5.1 TITLE 5.2 NAME 6.1 TITLE 5.1 TITLE 5.3 STRE 5.4 CITY 6.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	SCELECT CONTRACTOR OF THE CONT
Office or in agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF D KATZ, DANIEL 12905 SW 129TH AVI MIAMI FL 33186	n the State of Florida. Suc t the obligations of, Section registered agent and title if applicabances.	In change was at an 607.0505, Flor 10.0505,	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 6.1 TITLE 6.2 NAME 6.1 TITLE 6.2 NAME 6.1 TITLE 6.2 NAME	ent signature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	equired when reinsta	ting) :: 1773		DATE ICERS AN	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	SCELECT CONTRACTOR OF THE CONT

14. I hereby certify that the information supplied with the 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 and are 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 religing of 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 a satisfying my with an address, with all other like empowered.