

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90090 049 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000025726**

1. Corporation Name  
**STRATEGIC ACCOUNTING TECHNOLOGIES, INC.**



Principal Place of Business  
 101 MADEIRA AVENUE  
 CORAL GABLES FL 33134  
 US

Mailing Address  
 1000 BRICKELL AVENUE, UNIT 900  
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/22/1996**

4. FEI Number  
**65-0675218**

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
**2151 LE JEUNE ROAD**

2a. Mailing Address  
**2151 LE JEUNE ROAD**

Suite, Apt. #, etc.  
**302**

Suite, Apt. #, etc.  
**302**

City & State  
**CORAL GABLES, FL.**

City & State  
**CORAL GABLES, FL.**

Zip Country  
**33134**

Zip Country  
**33134**

9. Name and Address of Current Registered Agent

**ARAZOZA, CARLOS ATTORNE**  
 101 MADEIRA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Lloyd F. Smith**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2151 LE JEUNE ROAD # 302**  
 83  
 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 **Lloyd F. Smith**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/19/99**  
 DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE  
 NAME **DORIS, GEORGE E.**  
 STREET ADDRESS **101 MADEIRA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P** ☐ DELETE  
 NAME **SMITH JR, LLOYD F**  
 STREET ADDRESS **101 MADEIRA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VP** ☐ DELETE  
 NAME **VIZCAINO, ARMANDO**  
 STREET ADDRESS **101 MADEIRA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ DELETE  
 NAME **BUIGAS, MANUEL E.**  
 STREET ADDRESS **101 MADEIRA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition  
 1.2 NAME **Doris, George**  
 1.3 STREET ADDRESS **2151 LE JEUNE Road # 302**  
 1.4 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

2.1 TITLE **P** ☒ Change ☐ Addition  
 2.2 NAME **Smith Jr., Lloyd F.**  
 2.3 STREET ADDRESS **2151 LE JEUNE Road # 302**  
 2.4 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

3.1 TITLE **S** ☒ Change ☐ Addition  
 3.2 NAME **VIZCAINO, ARMANDO**  
 3.3 STREET ADDRESS **2151 LE JEUNE Road # 302**  
 3.4 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

4.1 TITLE **T** ☒ Change ☐ Addition  
 4.2 NAME **BUIGAS, MANUEL E.**  
 4.3 STREET ADDRESS **2151 LE JEUNE Road # 302**  
 4.4 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

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

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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: **Lloyd F. Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/99 305-444-7094**  
 Date Daytime Phone #

CR2E034 (1/1/98)