SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

,	MENT # P96000 A TECHNOLOGY CORPORAT	- •)	 	
Principal Plac	ce of Business	Mailing Address			
2946 N.W. 79TH AVENUE		2846 N.W. 79TH AVENU	=		
Y TANALAL CLOSE OF THE		MIAMI FL 33122	5		
					IN THIS SPACE
l				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal F	Place of Business	2a. Mailing Address		04/24/1996	L Applied For
21		26		4. FEI Number 65-067-8995	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CQ 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25 9. Name and Address of Current	Pagistered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
		Hedistalen water	81 Name	TO. Name and Address of New No	Bisteleti Ağerit
	Drrea, Jose F 46 N.W. 79th Avenue				
MIAMI FL 33122			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
"""	din i E oo i E		83		
			84 City		B5 Zip Code
			11		
office or agent. I a	registered agent, or both, in the State c am familiar with, and accept the obligations are spentially spentially spential spentia		authorized by the corporal lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating.	of the appointment as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORREA, JOSE F		1.2 NAME		
STREET ADDRESS	3408 TORREMOLINO AVE.		1.3 STHEET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	CORREA, CLEUZA A		2.2 NAME		
STREET ADDRESS	3408 TORREMOLINO AVE.		2.3 STREET ADDRESS		
TITLE	MIAMI FL 33122	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS	-		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 1ITLE		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			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T NO ETC	5.4 CITY - ST - ZIP		Observed
TITLE	N _C	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 a man 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.

_CICHATHRE TO BE

8/20/02 /enc) 64.00.20

FILED

Aug 29 1997 8:00am

Secretary of State