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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000038165 (2)**

1. Corporation Name
HIREL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~10500 N.E. 10TH AVE.~~ ~~SUITE A~~ ~~N MIAMI BEACH FL 33179~~	~~10500 N.E. 10TH AVE.~~ ~~SUITE A~~ ~~N MIAMI BEACH FL 33179-9570~~

3. Date Incorporated or Qualified: 05/02/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 650 S.W. 16th Terrace
22: Suite, Apt. #, etc.
23: Pompano Beach, FL
24: Zip 33069
25: Country USA

2a. Mailing Address
26: 650 S.W. 16th Terrace
27: Suite, Apt. #, etc.
28: Pompano Beach, FL
29: Zip 33069
30: Country USA

4. FEI Number: 65-0707097 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~LATORRE, JOHN~~
~~10500 N.E. 10TH AVENUE~~
~~SUITE A~~
~~N MIAMI BEACH FL 33179~~

10. Name and Address of New Registered Agent

81 Name: William H. Aden
82 Street Address (P.O. Box Number is Not Acceptable): 650 S.W. 16th Terrace
83:
84 City: Pompano Beach FL 85 Zip Code: 33069

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: [signature] 4-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~ ☐ DELETE	1.1 TITLE	C ☒ Change ☐ Addition
NAME	MONTELIONE, VINCENT	1.2 NAME	
STREET ADDRESS	~~10500 N.E. 10TH AVE. SUITE A~~	1.3 STREET ADDRESS	650 S.W. 16th Terrace
CITY-ST-ZIP	~~N MIAMI BEACH FL 33179~~	1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	2.1 TITLE	P ☐ Change ☒ Addition
NAME		2.2 NAME	Gregory S. Feneck
STREET ADDRESS		2.3 STREET ADDRESS	650 S.W. 16th Terrace
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	Ronald P. Chabis
STREET ADDRESS		3.3 STREET ADDRESS	650 S.W. 16th Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	4.1 TITLE	VS ☐ Change ☒ Addition
NAME		4.2 NAME	William H. Aden
STREET ADDRESS		4.3 STREET ADDRESS	650 S.W. 16th Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	5.1 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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: [signature] William H. Aden 4-24-97 954-442-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #