**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052461

SAW TECHNOLOGIES, INC.

Principal Place of Business

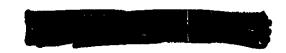
Mailing Address

14200 SW 136 STREET MIAMI FL 33186

14200 SW 136 STREET MIAMI FL 33186

May 13, 1999 8:00 am Secretary of State

05-13-1999 90010 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed O6/19/1996			
2 Principal P	Place of Business	22	Maifing Address				4. FEI Number			Applied For
21	3. •••••	26					65-0677421		<del></del>	Not Applicable
Suite, Apt.	#, etc.	1-7	Suite, Apt. #, etc.	,			5. Certifcate of Status Desired		\$8.75	Additional Required
City & Stat	te	[21]	City & State				6. Election Campaign Financing			May Be
23	-	28	,				Trust Fund Contribution			I to Fees
Zip	Country		Zip	Country	y		8. This corporation owes the current y	ear Inta		
24	25	29	[:	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Regist	ered Agent		_		10. Name and Address of New Regis	stered /	Agent	
1.005	TO DE MESA	500	2016	81	Na	me				
LOYE	Z DE MESA,	SER	(610	82	Str	ant Addra	ss (P.O. Box Number is Not Acceptable)			
1420	00 S.W. 136Th	ST.		-	. 0.	api Madio	as (1.0. box Humber is Not Noceptable)			
	MI, FL. 331			83	1					
/V( 1 /-4 )	W(1) 11 337	<i>y</i> <b>U</b>		84	0.00				05 7:-	Code
l				84	Cit	у		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Statutes	s, the above	the o	ned corpo	ration submits this statement for the purp n's board of directors. I hereby accept the	ose of o	hanging it	s registered egistered
agent I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flori	da Statute	S.	Poraciói	. O DELIG OF GROOMS OF THORMAN MOOBER ME	ppont		-5/04.30
SIGNATURE										
	Signature, typed or printed name of registered age				nt signa	ture required		ATE		
12.	OFFICERS AN	ND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	D DIRECT! ☐ Change	
TITLE	P		C. Deterie						☐ cuange	C /Manion
NAME	LOPEZ DEMESA, SE	RGIO		1.2 NAME						
ı i	• •			1.3 STREE		ESS				
CITY-ST-ZIP	MIAMI, FL. 33186		DELETE	1.4 CITY-5	T-ZIP	+			Charge	Addition
TITLE	VP		<del>-</del>	2.1 TITLE					Change	☐ Addition
NAME	LOPEZ DEMESA, SEI	RGIO.	JR.	2.2 NAME						
i j	14200 S.W. 136 ST.			2.3 STREE		ESS				
	MIAMI, FL. 33186		□ per ere	2.4 CITY-5	ST-ZIP				<u> </u>	בייביני און מיים
TITLE	ST		☐ DELETE	3.1 TITLE		1			Change	Addition
NAME	MEYERSON, ROBERT	rj		3.2 NAME		İ				
STREET ADDRESS				3.3 STREE		ESS				
CITY-ST-ZIP	MIAMI, FL. 33186			3.4. CITY-5	ST-ZIP					Company and the Company of the Compa
TITLE			☐ DELETE	4.1 TITLE		- {			Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	TADOR	ESS				
CITY-ST-ZIP				4.4 C/TY-S	1-ZIP					<del></del>
TITLE	l		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME				5.2 NAME		- }				
STREET ADDRESS				5.3 STREE	T ADDR	ESS				
CITY-ST-ZIP				5.4 CITY-\$	T-ZIP					
TITLE			☐ D€LETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRU	ESS				
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	- 1				

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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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