FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



DF STATE FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta DIVISION OF CORPORATIONS

DOCUMENT # P96000074374 (5)

FOCUS TECHNOLOGY GROUP, INC.

Principal Place of Business Mailing Address 880 PALM BAY LANE, SUITE 40 880 PALM BAY LANE, SUITE 40 MIAMI FL 33138-5737 MIAMI FL 33138 3. Date Incorporated or Qualified 3a, Date of Last Report 09/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65069402 ۶۹۰ Same 26

ナ`ヘメ Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ 23 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 84 City Zip Code 85 miani

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. Section 607.0505, Florida Statutes. SIGNATURE (NOT(: Registered Agent signature required when roinstating) il applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE Change TITLE CHANG, NORMAN W NAME 1.2 NAME 880 PALM BAY LANE, SUITE 4Q STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE CHANG, NATHANIEL C NAME 22 NAME 880 PALM BAY LANE, SUITE 40 STREET ADDRESS 2.3 STREET ADDRESS **MIAM! FL 33138** 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 3.1 TITLE TITLE CHANG, WALTER NAME 3 2 NAME 880 PALM BAY LANE, SUITE 4Q STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33138** 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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.

FILED

Jul 21 1997 8:00am

Secretary of State

96/6) CR2E034

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FOCUS TECHNOLOGY GROUP, INC.

| Principal Place of Business Maifing Address | | | | 4 1981 1981 1991 1991 1981 1 | 88111 18811 8 1488 11111 18817 8181 1881 |
|---|---|--|--|--|--|
| | | 880 PALM BAY LANE. SUI MIAMI FL 33138-5737 | TE 4Q | | |
| | | | | Date Incorporated or Qualified 09/06/1996 | 3a. Date of Last Report First Time |
| 2. Principal Place of Business | | 2a. Mailing Address | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4. FLI Number | Applied For |
| 21 Same | | 26 544 | | 65069402 | 7 Not Applicable |
| Sulte, Apt #, etc. | | Suite, Apt. #, etc. | | | \$8.75 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 | <u>Σ</u> φ | Country | 8. This corporation has liability for in | ntangible tax under s. 199.032. |
| 24 | [25] | | [30] | | Yes No |
| ALAF | 9, Name and Address of Current | Registered Agent | Od N. | 10. Name and Address of New Reg | istered Agent |
| AMERILAWYER CHARTERED 81 Name | | | | athaniel Chai | 1 4 |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 Step of Action | | | | ress (P.O. Box Number is Not Acceptabl | 6 |
| COF | ML GADLES PL 33134 | | 83 880 | NE 64 ST A | pt 44 |
| | | | 63 | • | |
| • | | | 84 Cily Mo | `A | 85 Zip Code |
| Ad Burguent | to the graviolene of Cartaine COZ OF OF | and 007 11 00 51 33 000 1 | | iani F | ۶L الركزة الم |
| office or r | to the provisions of Sections 607,0502 egistered agent, or both, in the State of | rand 607.1508, Florida Statute of Florida. Such change was a | es, the above-named corporal the corporal corpor | poration submits this statement for the pution's board of directors. I hereby accept | rpose of changing its registered |
| agent. La | m familiar with and accept the obliga | Section 607.0505, Flo | orida Statutes | (/20 | 107 |
| SIGNATURE | Signature, typed or printed used of registered agen | 3 | | 6/20/ | <u> </u> |
| 12. | OFFICERS AND | | Registered Agont signature requi | | DATE |
| TITLE | PD | DELETE | 1.1 7171.6 | ADDITIONS/CHANGES TO OFFICE | Change Addition |
| NAME | CHANG, NORMAN W | | 1.2 NAME | | Change Rounon |
| STREET ADDRESS | 880 PALM BAY LANE, SUITE 40 | 3 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33138 | | 1.4 GITY - S1 - ZIP | | |
| TITLE | VD | DELETE | 211011 | | Change Addition |
| NAME | CHANG, NATHANIEL C | | 2.2 NAME | | E one igo E ridonom |
| STREET ADDRESS | 880 PALM BAY LANE, SUITE 40 | 3 | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33138 | | 2. 4 CITY - ST - ZIP | | |
| TITLE | STD | DELETE | 31 TITLE | | Change Addition |
| NAME | CHANG, WALTER | | 3.2 NAME | | |
| STREET ADDRESS | 880 PALM BAY LANE, SUITE 40 |) | 3 3 STREET ADDRESS | | J |
| CITY-ST-ZIP | MIAMI FL 33138 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 City - S1 - ZiP | | |
| TITLE | | DELETE | 511111.6 | | 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 | | | G 2 NAME | | |
| STREET ADDRESS | | | 6.3 STHEET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - S1 - 7IP | | |
| l am an of | i Indicated on this annual tenori of su | ppiemental annual report is tri në receiver or trustee <u>emp</u> owa | ue and accurate and that ered to execute this repor | t in Section 119.07(3)(i), Florida Statutes, my signature shall have the same logal of a required by Chapter 607, Florida Sta | effect as if made under oath; that all the state of the s |