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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074374 (5)

FOCUS	S TECHNOLOGY GRO	OUP, INC.	, ,			
Principal Plac	se of Business	Mailing Add	ress			
880 PALM BAY LANE. SUITE 40 880 PALM BAY LANE. SUIT MIAMI FL 33138 MIAMI FL 33138				TE 40		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/06/1996
	Place of Business	— ·	2a. Mailing Address			4. FEI Number Applied For
21	# aia	26	Suite, Apt. #, etc.			65-0694027 Not Applicable
Suite, Apt.	#, etc.	<u>├</u> ¬ `	27			5. Certificate of Status Desired See Regulred
City & State City & State			ate			B. Election Campaign Financing \$5.00 May Be
23 26						Trust Fund Contribution Added to Fees
Zip			Country			8. This corporation owes or has paid the current year Intangible
24	25 29 30		0		Personal Property Tax due June 30. 🔲 Yes 😾 No	
	9. Name and Address of	of Current Registered Age	nt			10. Name and Address of New Registered Agent
	łang, nathaniel			81	Name	
880 NE 69 ST				82	Street	Address (P.O. Box Number is Not Acceptable)
APT 4Q						······································
MIAMI FL 33138				83		
				84	City	FL 85 Zip Code
agent. I a SIGNATURE	Signature, typed or printed name of re	· •	a.	Link	TA TO	poration's board of directors. I hereby accept the appointment as registered V 4 V
TITLE	PD		DELETE	1.1 TITLE		Change Addition
NAME	CHANG, NORMAN W			1.2 NAME	ľ	
STREET ADDRESS 880 PALM BAY LANE, SUITE 40				1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138			1.4 CITY - ST	T- ZIP	
TITLE	VD DELETE		2.1 TITLE	ļ	Change	
NAME	CHANG, NATHANIEL			2.2 NAME		
STREET ADDRESS	880 PALM BAY LANE	, SUITE 4U		2.3 STREET		
CITY-\$T-ZIP	MIAMI FL 33138 STD		DELETE	2.4 CHTY-S	T-ZIP	Change Addition
TITLE	CHANG, WALTER	i	I NETELE	3.1 TITLE 3.2 NAME		Cuange Li Addition
NAME STREET ADDRESS	880 PALM BAY LANE	SUITE 40		3.2 NAME 3.3 STREET	ADDDECC	
CITY-ST-ZIP	MIAMI FL 33138	, JUIL TO		3.4. CITY-S	- 1	
TITLE	WWW 4111 1 2 00 100		DELETE	4.1 TITLE	1-24	Change Addition
NAME				4. 2 NAME	-	
STREET ADDRESS				4.3 STREET	ADDRESS	1
CITY-ST-ZIP				4.4 CITY-ST	· · · · · · · · · · · · · · · · · · ·	
TITLE			5.1 TITLE		Change Addition	
NAME	ti			5.2 NAME	ľ	
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - ST	- ZIP	
TATLE			DELETE	6.1 TITLE	7	Change Addition
NAME				6.2 NAME	- 1	
STREET ADDRESS			•	6.3 STREET	address	

14. I hereby certify that the information supplied with this filling 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.