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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

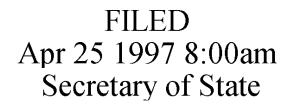
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600082881 (9)

FEDERAL TECH DISTRIBUTORS, INC.





Principal Place	of Business	Mailing	Mailing Address					T 10011001 110 (0110 B4114 00111 00111 00111 00111 0110 1100) (0110 1110 1					
% 2159 N.W. 23 MIAMI FL 33142			% 2159 N.W. 23RD AVENUE Miami Fl 33142										
								Date Incorporated or Qua 10/08/1996	lified	3a. Date	of Last F	Report	
2. Principal Pl	2a. Maili	2a. Mailing Address					4. FEI Number			A	pplied For		
21		26	The state of the s					650703123				ot Applicable	
Suite, Apt. :	#, etc.	F	Suite, Apt #, etc.					5. Certificate of Status Desire	ed			Additional	
22		27	27 City & State						····-			equired	
City & State	3							6. Election Campaign Finance	cing			May Be to Fees	
23 Zip	Country	28 	Zip Country					Trust Fund Contribution This perpendice has liabile	ity for				
24	25	29		30	,			8. This corporation has liability for intendible tax under s. 199.032, Florida Statutes No					
24	9. Name and Address of Cu							10. Name and Address of New Registered Agent					
AAAI					81	Name	e			.=			
	a, manuel 199 n.w. 23RD avenue			-	82	Street	t Addres	ss (P.O. Box Number is Not Ac	centat	ole)			
	MI FL 33142					Qu'00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or in the state of					
17117 W	/ 2 00 / 12				83								
				ŀ	84	City					85 Zip	Code	
										FL		.	
11. Pursuant I office or re agent. Lai	to the provisions of Sections 607 egistered agent, or both, in the \$ m familiar with, and accept the c	.0502 and 607.15 State of Florida. Subligations of, Sec	08, Florida Statu ich change was tion 607,0505, F	ites, the ab authorized lorida Stat	bove by utes	the co	d corpo orporatio	ration submits this statement fonts of directors. I hereby	or the p	ourpose of o pt the appo	changing Intraent as	its registered s registered	
SIGNATURE	Signature Typed or printed name of registers							when reinstating)		DATE			
12.	- 3	AND DIRECTOR	 	13.	700	i i aigi mio	ne lednisa	ADDITIONS/CHANGES TO	OFFIC		DIRECTO	RS IN 12	
THLE	D	A THE DITECTOR	DELETE	1.1 TI	LE		Т	ADDITIONO/OFIANGLO TO	OLLIN		Change	☐ Addition	
NAME	AVILA, MANUEL			1.2 NA									
STREET ADDRESS	% 2159 N.W. 23RD AVENU	IF.		1.3 ST	REET	ADORESS	s l						
CITY-SI-ZIP	MIAMI FL 33142	,_		1.4 01									
Title	WINNE STATE		DELETE	2.1 TIT							Change	☐ Addition	
NAME				2.2 NAM									
STREET ADDRESS				2.3 ST		STREET ADDRESS				77. ₹			
CITY ST-ZIP				2.4 CI	4 CITY-ST-ZIP								
THIE			☐ DELETE	3.1 Tt1	LE						Change	Addition	
NAME				3.2 NA	ME								
STREET ADDRESS				3.3 ST	REET	ADDRESS	s						
City+ST+ZIP	,			3.4. C	TY-5	ST-ZIP				., ., ., ., ., ., ., ., ., .			
TITLE			☐ DELETE	4.1 TO	LE					[Change	Addition	
NAME			•	4. 2 N	AME								
STREEL ADDRESS				4.3 ST	AEET	ADDRESS	s					ļ	
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP					· · · · · · · · · · · · · · · · · ·		
TITLE			DELETE	5.1 TE	lLE.					l	Change	Addition	
NAME				5.2 NA	ME								
STREET ADDRESS				5.9 ST	REET	ADDRESS	s						
C:TY+ST+ZiP				5.4 Ci		T-ZIP					10	1 4 4 1000	
TITLE			☐ DELETE	61 TI	LE		1			ı	Change	Addition	
NAME				6.2 NA									
STREET ADDRESS				6.3 ST	REET	ADDRESS	s						
CHY-SY-ZIP				6.4 CI	17-5	T-ZIP							
14. I do hereb	by certify that the information sup	oplied with this filir	no does not qua	lify for the	өхө	mption	n stated i	in Section 119.07(3)(i), Florida	Statute	s. I further	certify the	it 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 AND TYPED DIC PRINTED NAME OF SIGNING OFFICER OR DIRECTOR