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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012163 (6)

	TECHNOLOGY, INC.				
Principal Flac	e of Business	Mailing Address		1 400(00) 110 400(100) 100 100 100 100 100 100 100 100 100), mån (150) illi ålikk mi 150.
631 LYONS ROAD, UNIT 12107 COCONUT CREEK FL 33063		631 LYONS ROAD. UNIT 12107 COCONUT CREEK FL 33063		DO NOT WRITE IN THE	S SPACE
İ				3. Date Incorporated or Qualified	
				02/06/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8C>/	Lyons Rd Unit 192	ම ලි		65-0725072	Not Applicable
22 COCC	nut (iee U	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip -	Country	Zφ	Country	8. This corporation owes or has paid the o	
24 3	3063 25 USA.	29	[30]	Personal Property Tax due June 30.	Yes 🕅 No
	9. Name and Address of Current F	legistered Agent	P1 Nome	10. Name and Address of New Registere	d Agent
	MERILAWYER CHARTERED			JORGIE NINO	
	43 ALMERIA AVENUE		82 Street Addr 80 /	ress (P.O. Box Number is Not Acceptable)	
'	COBAL GABLES FE 33134		83	-yours 1000 17000	
1					
ĺ			B4 City	YUT CREEK F	L 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607 0502 a registered agent, or both, in the State of	nd 607.1508, Florida Statu Fjorida: Such change was	es, the above-named con- authorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
agent. La	in familiar with, and accept the obligation	ris of, Section 607.0505, FI 2.C (orida Statutes. O Y G C N) Engistrati Agont signature requir	no President 1	06-06-98
BIGITATIONE	_ ~			oct when replistating) (IATE	
12.	OFFICERS AND I	DEFFE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	PSTD /		1.1 TALE		El quande El vocinon
NAME STREET ADDRESS	NINO, JORGE E 631 LYONS ROAD, UNIT 1210	7	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063	,	1.3 STRCT FADURESS		
TITLE	OCCONOT CHEEN PL 33003	DETERL	211111		Change Addition
NAME		- · ·	22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CHY-\$1-7IP		
TITLE		DETETE	31100		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-7IP		
TITLE		DECETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY+S1+ZIP 5.1 TOLE		Change Addition
NAME			5.2 NAME		- u tour
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZiP		
TATLE	· · · · · · · · · · · · · · · · · · ·	DECEMB	6 1 7HTE		Change Addition
NAME			6.2 NAME	BOCOUPSGRS	
STREET ADDRESS			63 STREET ADDRESS	-0 6/1 7/98-+010650	131 6 1
CITY-ST-ZIP			6 4 ÚTTY - ST - 7/P	***150.00	~ า ท

14. Thereby 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 of the receiver of trustee and accurate and that my signature shall have the same legal effect as if made under early that said a 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 13 if changed, or on an attachment with an address.

64 ÜÜY+S1+7/P

CITY-ST-ZIP

FILED

Jun 15 1998 8:00am

Secretary of State