Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90145 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P97000015467

1. Corporation Name

| R.J. TEC | CH. OF AMERICA CORP. | | | | | | | | | | | |
|--|--|---|--|---|---|-----------------|----------------------------------|---------------------------------|------------|-----------------|--|--|
| | | | | | | | 11681168 | | | | | |
| | | | | | | Ì | | | | | | J iji |
| Principal Place | e of Rusiness | Mailing Address | | | | | |) (116 3010 10 0 01 - | BRISI WALL | BBIII BBIBI | HEUL DIEH UIDIU | |
| 4200 N.W. 3 C1 | | 4200 N.W. 3 CT | | | | | | | | | | |
| 133 | ' | 133 | | | | | | | | | | |
| PLANTATION FL 33317 PLANTATION FL 33317 | | | | | | | | DO NO | T WRITE | IN THIS | SPACE | |
| US | | | | | | | 3. Date Incorporated or Qualifed | | | | | |
| | | | | | | | 02/18/199 | 97 | | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4 | I. FEI Number | | | | Ap | plied For |
| 21 | | 26 | | | | | 65-07535 | 83 | | | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | · | 5. Certifcate of | Status Das | rirod | | \$8.75 | Additional |
| 22 | | 27 | | | | | b. Cermicate of | Status De | on eu | <u></u> | - Fee Re | guired |
| City & State | te | City & State | | | | | 6. Election Car | npaign Fina | ancing | П | \$5.00 | May Be |
| 23 | | 28 | | | | | Trust Fund (| Contribution | 1 | ⊔ | Added t | |
| Zip | Country | Zip | Cou | intry | | | 3. This corpora | tion owes t | he curren | t year Int | angible | |
| 24 | 25 | 29 | 30 | | | | Personal Pro | | | _ | ☐ Yes | □No _ |
| -71 | 9. Name and Address of Currer | | | | | 10 |). Name and | Address of | New Re | gistered | Agent | |
| | | | | 81 | Name | | | • | | | | |
| STR | ATTA, RAUL | | | 82 | Chus of A | ddeana | (P.O. Box Num | har is Not | Accentable | ۵) | | |
| 4200 | NW 3 CT | | | 82 | Street | t aaress | (P.O. BOX NUII | IDEL IS MOU | uccehiani | 0) | | |
| #133 | 3 | | | 83 | | | | - | 844 | | | |
| PLAI | NTATION FL 33317 | | | | | | | - | | | ! = '- | |
| | | | | 84 | City | | | | | FL | 85 Zip (| Jode |
| | to the provisions of Sections 607.050 | 22 and CD7 1509 Florida Statut | ae the a | hove | named c | cornorati | on submits this | statement | for the pu | rnose of | changing its | registered |
| 11. Pursuant | to the provisions of Sections 607.050 registered agent, or both, in the State | of Florida, Such change was a | utnorized | i hv t | ha corpor | ration's l | board of directo | ors. I hereb | y accept t | he appoi | ntment as re | gistered 👝 📗 |
|) office or r | egistered agent, or both, in the state | of Frontia. Oddin dribings was a | | | the corpor | | | | | | | |
| office or re agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0505, Flo | rida Stati | utes. | ne corpo | | | | | | | *. } |
| office or reagent. I as | im familiar with, and accept the obliga | ations of, Section 607.0505, Fig | nda Stati | utes. | | | | | | | | ·, } |
| agent. I a | m familiar with, and accept the obligations of the obligation of t | int and title if applicable. (NOTE | Registered | utes. | signature re | | n reinstating) | | | DATE | | |
| agent. I a | m familiar with, and accept the obligation of registered age OFFICERS AN | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | Registered | utes. | | | | | | DATE | | |
| agent. I and SIGNATURE 12. TITLE | Signature, typed or printed name of registered age OFFICERS AN | int and title if applicable. (NOTE | Registered 13. | I Agent | | | n reinstating) | | | DATE | ID DIRECTO | RS IN 12 |
| agent. I as SIGNATURE 12. TITLE NAME | Im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with an accept the obligation of familiar with a superior of familiar | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | Registered 13. 1.1 TI | TLE | signature re | | n reinstating) | | | DATE | ID DIRECTO | RS IN 12 |
| agent. I and SIGNATURE 12. TITLE | Signature: typed or printed name of registered ege OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | 13. 1.1 TI 1.2 NA 1.3 ST | TAgent TLE AME | signature rec | | n reinstating) | | | DATE | ID DIRECTO | RS IN 12 |
| agent. I as SIGNATURE 12. TITLE NAME | Im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with an accept the obligation of familiar with a superior of familiar | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | 13. 1.1 Ti 1.2 NA 1.3 ST 1.4 Ci | TLE AME TREET. | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature: typed or printed name of registered ege OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI | TLE AME TREET. TY-ST | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO | RS IN 12 |
| agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature: typed or printed name of registered ege OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | Registered 13. 1.1 Ti 1.2 NA 1.3 ST 1.4 CI 2.1 Ti 2.2 NA | TLE AME TREET. TLE TREET. TLE AME | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO | PRS IN 12 |
| Agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | Registered 13. 1.1 Ti 1.2 NA 1.3 ST 1.4 CI 2.1 Ti 2.2 NA | TLE AME TREET. TLE TREET. TLE AME | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO | PRS IN 12 |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE | 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Cl 2.1 Ti 2.2 N/ 2.3 ST 2.4 C | TLE AME TY-ST TLE AME TREET TLE TREET | signature rec | quired whe | n reinstating) | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO Change | PRS IN 12 Addition Addition |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS | 13. 1.1 Ti 1.2 NA 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST | TLE AME TY-ST TLE AME TREET TLE TREET | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO | Addition Addition |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE | 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Cl 2.1 Ti 2.2 N/ 2.3 ST 2.4 C | TAGENT TLE TREET. TY-ST TLE TREET TREET TREET TREET TREET TLE | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO Change | PRS IN 12 Addition Addition |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE | Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ | I Agent TLE AME TREET. TITY-ST TLE TREET TREET TREET TREET TREET TREET TREET | signature rec | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO Change | Addition Addition |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE | 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST | I Agent TLE AME TREET. TITY-ST TLE TREET TREET TREET TREET TREET TREET TREET | ADDRESS T-ZIP ADDRESS ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change | RS IN 12 Addition Addition |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE | 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST | I Agent TLE AME TREET. TILE AME TREET TILE TREET TREET TLE TREET TLE TREET TLE TREET | ADDRESS T-ZIP ADDRESS ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | ID DIRECTO Change | Addition Addition |
| agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE | 13. 1.1 Ti 1.2 NA 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 C 3.1 Ti 3.2 NA 3.3 ST 3.4 C | TLE TREET. TILE TREET. TILE TREET TILE TREET | ADDRESS T-ZIP ADDRESS ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change | RS IN 12 Addition Addition |
| Agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE | Registered 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 N/ 2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 . C 4.1 Ti 4.2 N | I Agent TLE AME TREET. TTY-ST TLE AME TREETS TTLE TREETS TTLE TREETT TLE TREETT TLE AME TREETT TLE AME | ADDRESS T-ZIP ADDRESS ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change | RS IN 12 Addition Addition |
| Agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 4. C 4.1 TI 4. 2 N 4.3 ST | I Agent TLE AME TREET. TTY-ST TLE AME TREETS TTLE TREETS TTLE TREETT TLE TREETT TLE AME TREETT TLE AME | ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change Change Change | Addition Addition Addition |
| Agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 4. C 4.1 TI 4. 2 N 4.3 ST | TILE TILE TREET. TITY-ST TILE TREETS TITY-ST | ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change | RS IN 12 Addition Addition |
| Agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4. 2 N 4.3 ST 4.4 CI | TILE TILE TREET. TY-ST TILE TREETS TILE | ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change Change Change | Addition Addition Addition |
| AGENT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 4.4 CI 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ | I Agent TILE AAME TREET, TIT'ST TILE AAME TREET, TIT'ST TILE TREET TITE TITE TITE TITE TITE TITE TI | ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change Change Change | Addition Addition Addition |
| AGENT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST | I Agent TILE AAME TREET, TIT'ST TILE AAME TREET, TIT'ST TILE TREET TITE TITE TITE TITE TITE TITE TI | ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change Change Change | Addition Addition Addition |
| AGENT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | ations of, Section 607.0505, Flor int and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST | I Agent TLE AME TREET TLE AME TREET TLE AME TREET TLE TREET | ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | DIRECTO Change Change Change Change | Addition Addition Addition |
| AGENT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature: typed or printed name of registered age OFFICERS AN DPS STRATTA, RAUL 4200 NW 3 COURT #133 PLANTATION FL 33132 | Ations of, Section 607.0505, Flor int and tritle if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 4.2 N 4.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI 5.4 CI 5.5 TI 5.2 N/ 5.3 ST 5.4 CI 5.4 CI 5.5 TI 5.2 N/ 5.3 ST 5.4 CI 5.3 TI 5.3 TI 5.3 ST 5.4 CI 5.3 TI 5.3 ST 5.3 ST 5.4 CI 5.3 TI 5.3 ST 5. | I Agent TLE AME TREET, TIY-ST TLE AME TREETS TREET | ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS | quired whe | n reinstating) ADDITIONS/G | CHANGES | TO OFFIC | DATE CERS AN | Change C | Addition Addition Addition Addition |

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 or an attachment with an address, with all other like empowered.

125 . 2-10-99 (954) 792-6651 Date Daysthe Phone #

SIGNATURE: +