CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

DOCUMENT Corporation Name	#	P97000033779
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CT TECHNOLOGIES, INC.

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Principal Place	of Business	Mailing Address							ļ
Suite 3		245 S.E. 1st Street Suite 311		DO NOT WRITE IN THIS SPACE.					
Miami, I	Florida 33131	Miami, Flori	da 33	131		3. Date Incorporated or Qualified	3a. Date	e of Last Rep	ort
						April 15, 1997			
2. Principal Pla		2a. Mailing Address	-+ 6+		.	4. FEI Number		 	plied For
245 Suite, Apt. #	S.E. 1st Street	26 245 S.E. 1 Suite, Apt. #, etc.	St St	ree	L _	65-0743954			t Applicable
Sui	te 3 36	Suite 336 City & State				5. Certificate of Status Desired		\$8.75 A	quired
City & State M1 at	ni	Miami				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i			
3313	1771	29 33131	30 Dade			Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
FILINGS				81	Name KFF	RRY E. ROSENTHAL. ES	n.		
	1. 16th Street	•		82	Street Addre	ss (P.O. Box Number Is Not Acceptab	le)		
rort La	uderdale, FL 33311	`		83	287	75 N.E. 191 Street			
				83	Sui	ite 500	٠.		
				84	City		FL	85 Zip C	
11. Pursuant to	o the provisions of Sections 607,0502 a	nd 607 1508. Florida Statut	es, the abo	OVE-DE	med comors	entura	nose of ch	-	istered office
or registere familiar with	ed agent, or both, in the State of Florida h, and accept the obligations of Suction	. Such change was authoriz n 607 0505, Florida Statutes	ed by the	corpo	ration's board	d of directors, I hereby accept the app	ointment as	registered as	gent. I am
SIGNATURE _	Signature, typod or purited nume of rugistered byont ar	the state of the s	TE: Derivor	d Angel	eignature required	ustum reginet alived	1/2 0476	4/98	···
12.	OFFICERS AND		13.	o region	-y am inch	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	IN 12
TITLE	D .		1.11	TITLE				Change	Addition
NAME	JORGE S. COSTA		1.2 N	AME					
STREET ADDRESS	245 S.E. 1st Street		1.3 STREET ADDRESS			15 S.E. 1st Street,	Suite	336	
CITY-ST-ZIP	<u>Miami, Florida 3313</u>	<u> </u>	1.40	1.4 CITY-ST-ZIP		iami, Florida 33131	• .	·	
TITLE			2.1 T	2.1 TITLE				L Change	Addition
NAME			1	2.2 NAME		· ·	1.1		
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP		····		2.4 CITY-ST-ZIP				Change	Addition
TITLE			3.1 T					change	- Notition
NAME STREET ADDRESS			3.2 N		ADDRESS				
CITY-ST-ZIP				STIVEET A				•	
TITLE			411		*415			Change	Addition
NAME				IAME					
STREET ADDRESS			4.3 \$	STREET A	ADDRESS	•			
CITY-ST-ZIP			4.4 0	CITY-ST	-2IP				
THILE			5.1 7	ITLE				Change	Addition
NAME			5.2 N	NAME					/18
STREET ADDRESS			5.3 S	STREET A	NODRESS				しゃん
CITY-ST-ZIP				CITY - ST	- ŞIP				,
TITLE			6.1 T	ITLE	- ŽIP	, 1000cc	1 0	Change	Addition
TITLE NAME			6.1 T 6.2 N	NTLE NAME		/ 1000025 -05/11/990	182	Change	Addition
TITLE			6.1 T 6.2 N 6.3 S	NTLE NAME	ADDRESS	1000025 -05/11/980 ***150.00	182 1007	Change 2 7 1 034	Addition

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information indicated on this ennual 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

<u>4-29.98 (305) 374-2728</u>