COF	PROFIT PPORATION JAL REPORT 1998	FLORIDA DEP/ Sandra Secret	IS \$550.00 ARTMENT OF STATE B. Mortham ary of State CORPORATIONS	FIL Feb 18 199 Secretary	
 Corporation 	TECH, INC.	Mailing Address)		
19402 LA MIR Wellington		13402 LA MIRADA CIRC Wellington FL 33414		DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualified 06/02/1997 	
÷ ÷	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
Suite, Apt.	#. 61C.	26 Suite, Apt. #, etc.		65-0780379	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	current year Intangible
4	25 9. Name and Address of Curren	29 nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
BU	LFIN, JOHN J		81 Name	10, Harris and Address of Hew Registere	
515 NORTH FLAGLER DR., STE. 800			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
WEST PALM BEACH FL 33401			83		
•					
11, Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida State	84 City	F	
SIGNATURE	Stgnature, lyped or printed name of registered age	ent and little if applicable (NC	iles, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	c changing its registered ppointment as registered
SIGNATURE	Stgnature, lyped or printed name of registered age		les, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	c changing its registered
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature. Isped or printed harrie of registered ag OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE	ert and little if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE: Registered Agent sgnature required 13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	L j of changing its registered ppointmont as registered
SIGNATURE	Signature. Isped or printed harne of registered ap OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS	ert and little if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statules. TE. Registered Agent signature requi 13. 9.1 TITLE 1.2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	L j of changing its registered ppointment as registered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. Isped or printed harne of registered ap OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA	eri and litic if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE. Registered Agent egnature requinant 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	Changing its registered ppointment as registered ND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	eri and litic if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinant 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	Changing its registered ppointment as registered ND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE VAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP	Signature. Isped or printed harne of registered ap OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA	eri and litic if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE. Registered Agent egnature requinant 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	Change Change Change Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ert and life if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egnature requinant 13, 1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS 1,4 CITY - ST- ZIP 2,1 TITLE 2,2 NAME 2,3 STREET ADDRESS 2,4 CITY - ST- ZIP 3,1 TITLE 3,2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	Change Change Change Change Addition
SIGNATURE IIILE IAME STREET ADDRESS DITY-ST-ZIP IIILE IAME IIIY-ST-ZIP IIILE IAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ert and life if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egnature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	Change Change Change Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STRY-ST-ZIP	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ert and life if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egnature requinants 13, 1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS 1,4 CITY - ST- ZIP 2,1 TITLE 2,2 NAME 2,3 STREET ADDRESS 2,4 CITY - ST- ZIP 3,1 TITLE 3,2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	Change Change Change Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ent and life if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egnature requinance 13, 1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS 1,4 CITY - ST - ZIP 2,1 TITLE 2,2 NAME 2,3 STREET ADDRESS 2,4 CITY - ST - ZIP 3,1 TITLE 3,2 NAME 3,3 STREET ADDRESS 3,4, CITY - ST - ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ent and life if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora forida Statutes. TE Registered Agent egneture requinants 13. 11.111LE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ent and life if applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ert and INIG IF applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinants 13. 11.111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE VAME	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ert and INIG IF applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	eri and INIG I' applicable (NC ID DIRECTORS DELETE	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	ert and INIG IF applicable (NC ID DIRECTORS	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egnature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed nerve of registured age OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE	eri and INIG I' applicable (NC ID DIRECTORS DELETE	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Ispeed or printed harve of registered ap OFFICERS AN DPT OTOYA, CARLOS 13402 LA MIRADA CIRCLE WELLINGTON FL 33414 DVS OTOYA, MELISSA 13402 LA MIRADA CIRCLE WELLINGTON FL 33414	eri and Hilo F applicable (HC ID DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Ites, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent egneture requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	