## 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 #
1. Corporation Name

P97000053839 (1)

UNITED COMPUTER TECHNOLOGY, INC.

## **FILED** Mar 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I (Mainean rid rödir södir döliri abski döliri ödiği elide rişal idildi skild şöyr idar
7400 NW 7TH STREET 7400 NW 7TH STREET			7TH STREET			
SUITE 114		SUITE 1	SUITE 114			
MIAMI FL 3	3126	MIAMI F	L 33126			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/18/1997
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26				65-0762/56 Not Applicable
Suite, Apt.	#, elc.	Suite, A	pt. #, etc.			Certificate of Status Desired     \$8.75 Additional
22		27				Fee Required
City & Stat	е	City & S	State	•		6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	Zip Count		/	8. This corporation owes or has paid the current year Intangible
24 .	25	29	30	)		Personal Property Tax due June 30.
	9. Name and Address of C	urrent Registered Ag	jent		T	10. Name and Address of New Registered Agent
В	ELTRAN, LUIS H			81	Name	
	400 NW 7TH STREET			82	Street	Address (P.O. Box Number is Not Acceptable)
	UITE 114		[`		311001	Address (1.0. box (totabo) is that Addeptable)
	IIAMI FL 33126			83	1	
"	W 4111 1 E 00 1 E 0				ļ <u>.</u>	
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607	7 0502 and 607 1508	Florida Statutes	the above	! e-named	d corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or profed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.		S AND DIRECTORS	: (NOIL FI	13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD		DELETE	1.1 TITLE		Change Addition
NAME	BELTRAN, LUIS H	•		1.2 NAME		
	8001 LAKE DRIVE, UNIT	F 201				3
STREET ADDRESS	MIAMI FL 33166	1 201		13 STREET		
CITY-ST-ZIP	VSD VSD		DELETE	1.4 CITY - S	ST-ZIP	☐ Change ☐ Addition C
TITLE		ADDO		2.1 TITLE		Change Modifion
NAME	NARANJO, JOSE LEON			2.2 NAME		
STREET ADDRESS	12850 NW 8TH STREET			2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182		T SELETE	2. 4 CITY - 5	ST-ZIP	
TITLE		t	DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY+ST-ZIP				3.4. CITY-	ST-ZIP	
TATLE		ĺ	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				52 NAME		060
STREET ADDRESS				5.3 STREET	ADDRESS	<i>✓</i> ~`\\U
CITY-ST-ZIP				5.4 CITY - S		\ \frac{1}{2}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE			] DELËTE	6.1 TITLE		Addition
NAME		·		6.2 NAME		-03/11/9801008015
STREET ADDRESS				6.3 STREET	ADDRESS	***158.7S
1				6.4 CITY-S		, manua Continu
CITY-ST-ZIP				0.4 0111-5	1-71	<u> </u>

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 compration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 305