

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056299

1. Corporation Name

CTT CENTER OF TRANSFER OF TECHNOLOGY, INC.

Principal Place of Business

STE. A-100, 8405 NW 53RD ST.
MIAMI FL 33166

Mailing Address

STE. A-100, 8405 NW 53RD ST.
MIAMI FL 33166

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90021 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0764647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 8405 NW 53rd ST.

2a. Mailing Address

26 8405 NW 53rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C-105

27 SUITE C-105

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Zip

24 33166

29 33166

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREED, OWEN S
STE. 2200, 150 W. FLAGLER ST.
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GOMEZ, HERMANN
STREET ADDRESS AVDA. ORINOCO, CENTRO EMPRESARIAL ROCA, LAS
CITY-ST-ZIP MERCEDES, CARACAS, VENEZUELA

TITLE D
NAME RODRIGUEZ, FERNANDO
STREET ADDRESS AVDA. ORINOCO, CENTRO EMPRESARIAL ROCA, LAS
CITY-ST-ZIP MERCEDES, CARACAS, VENEZUELA

TITLE D
NAME GUARINO, GERARDO
STREET ADDRESS AVDA. ORINOCO, CENTRO EMPRESARIAL ROCA, LAS
CITY-ST-ZIP MERCEDES, CARACAS, VENEZUELA

TITLE DV
NAME MOROS, CARLOS
STREET ADDRESS STE. A-100, 8405 NW 53RD ST.
CITY-ST-ZIP MIAMI FL 33166

TITLE S
NAME FEE, OSWALDO L
STREET ADDRESS STE. A-100, 8405 NW 53RD ST.
CITY-ST-ZIP MIAMI FL 33166

TITLE S
NAME FREED, OWEN S
STREET ADDRESS STE. A-100, 8405 NW 53RD ST.
CITY-ST-ZIP MIAMI FL 33166

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLOS MOROS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/99
Date

(305) 640-0637
Daytime Phone #

CR2E034 (1/98)

05/14/66