## 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

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90029 045 \*\*\*150.00

I. Corporation	MENT # PO HNOLOGIES EN			0														
Principal Place	e of Business		Mailing Address							П							H <b>H H</b> H H H H H	
1867 N.W. 9:7TH AVE. SUITE 101 MIAMI FL 33172			1867 N.W. 97TH AVE. SUITE 101 MIAMI FL 33172						DO NOT WRITE IN THIS SPACE  3. Date ir corporated or Qualifed									
									(	)7/18	3/199	<u>/</u>				A 12		l
2. Principa Place of Business			2a. Mailing Address						l		mber	20				<u> </u>	ed For pplicable	l
Suite, Apt. #, etc.			Suite, Apt. #, etc.						· ·		7704				\$8.75			l
22			27						5. C	Certifo	ate of	Status E	esired				ired	
City & State			City & S					6. E	lectio	n Can	npaign F	inancing		\$5.0	0 M	ay Be	l	
23			28									Contributi			Adde			
Zip	Count	ry	Zip		Cou	untry			8. 7	his co	грога	tion owe	s the cur	rent year n				
24	25		29		30				L			perty Ta			☐ Yes	(_	No	ĺ
	9. Name and Add	ess of Current I	Registered Ag	jent		81	Name		10.	Vame	and A	ddress	of New	Registered	Agent			
1222	RERA, FERNANCO ! S.W. 18 ST // FL 33145	— MissÞi	ECCING	_	<b>→</b>	82 83 84							AND et Accept		85 Zi	рСэ	de	
office crr agent. La SIGNATURE	to the provisions of Se- egistered agent, or bo m familiar with, and ac Signature, typed or printed na	h, in the State of cept the obligation of registered agent a	Florida, Such ns of, Section nd title if applicable.	change was a 607.0505, Fk	euthorize orida Stat	d by to tutes.	ne corp	ora₁tion	s boa	rd of d	recto	rs. i ner	eby acce	DATE	ontrient as			1/98)
12.	P	OFFICERS AND	DIRECTORS	DELETE	13.				- Al	יווטכ	ONS/C	HANGE	\$ 10 01	FICERS A	ND DIREC ☐ Chang		Addition	Ē
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CITY-ST-ZIP	MIAMI FL 33145	11221				ITY-ST												5
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NAME					2 2 NAME		: A.L		Belo, Anthony Mod Bird Ave.									
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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 an antact ment with an address, with all other like empowered.

SIGNATURE: