

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 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90029 008 \*\*\*158.75

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DOCUMENT # **P97000067263**

1. Corporation Name  
**AEROTECH RESOURCES, INC.**

Principal Place of Business  
**8244/8246 SOUTH RIVER DRIVE  
MIAMI FL 33166**

Mailing Address  
**8244/8246 SOUTH RIVER DRIVE  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1997</b>	
21		26		4. FEI Number <b>65-0774784</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CAMARGO, RAMIRO 8244/8246 SOUTH RIVER DRIVE MIAMI FL 33166</b>				81 Name	<b>CARLOS RUIZ</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>8244 SOUTH RIVER DRIVE</b>
				83	
				84 City	<b>MIAMI</b>
				85	Zip Code <b>FL 33166</b>

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 *Carlos Ruiz*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/8/99**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUIZ, CARLOS E</b>	1.2 NAME	
STREET ADDRESS	<b>8244/8246 SOUTH RIVER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERAZA, MAURICIO</b>	2.2 NAME	
STREET ADDRESS	<b>8244/8246 SOUTH RIVER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S/T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMARGO, RAMIRO</b>	3.2 NAME	
STREET ADDRESS	<b>8244/8246 SOUTH RIVER DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/99**  
Date

**305 885 5441**  
Daytime Phone #

CR2E034 (11/98)