## 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 # P97000087058 (8)

ALL-TECH IMPORT & EXPORT, INC.

## FILED Apr 02 1998 8:00am Secretary of State

ALLTICO	SH IMPORT & EXPORT, INC	<b>J•</b>								
Principal Place	e of Business	Mailing Address				t 10001000 110 10	itai i <b>aa</b> in <b>ba</b> in <b>ab</b> ini	BERN EDIR	RECUE CO DE CONTRA	84161 (B11 (B0)
`		1865 79 CSWY #6M			-					
1865 79 CSWY #8M 1865 79 CSWY #6M NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33			33141				DO NOT WRI	TE IN TH	IIS SPACE	
					3.	Date Incorpora 10/08/1997	ated or Qualified	d		
	ace of Business	2a. Mailing Address		\	4.	FEI Number	10.66			Applied For
	46 SE 15 SMILET 26 245 SE 15 SMI			CUT		710165	>		Not Applicable	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   SUITE   SUITE			>			Certificate of S	Status Desired	4	•	Additional Required
City & State		City & State  28 Mi AMi , F	<u></u>		6.	Election Camp Trust Fund Co	aign Financing ntribution			<b>0</b> May Be d to Fees
Zip	Country	Zip	Country		В.	This corporation	on owes or has	paid the	current year	Intangible
24 3313			30 US	<u> </u>			erty Tax due Ju			□ No
<del></del>	9. Name and Address of Curren	Registered Agent			10,	Name and Ad	dress of New I	Register	ed Agent	
	SANTOS, CHRISTOPHER J		81	Name	Sami	E				
1865 79 CSWY #6M					Address (P.O. Box Number is Not Acceptable)					
NOF	RTH BAY VILLAGE FL 33141			186	5_79	2 (SW	1#10	<u>- Q</u>		
			83				1			
			84	City	··				- 85 Zi	p Code
				City	me.			F	FL  ~~  🖫	ame
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was as	uthorized by	e-named o the corp	cornoration	n submits this s poard of directo	statement for the rs. I hereby acc	purpos cept the	e of changing appointment a	its registered as registered
SIGNATURE .	Signature, typod or printed name of registered ager	et and title if applicable (NOTE	Registered Age	ent signature r	required when	reinstating)		DAT	E	
12.	OFFICERS AND	DIRECTORS	13.		- /	ADDITIONS/CH	ANGES TO OFF	ICERS /	AND DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE						Change	e 🔲 Addition
NAME	DOS SANTOS, CHRISTOPHER	11	1.2 NAME	J			45 1	Ø-0	1	
STREET ADDRESS	1865 79 CSWY #6M		1.3 STREET	ADDRESS	1865	> 74 C	ا # برسخ	,		
DITY-ST-ZIP	NORTH BAY VILLAGE FL 3314		1.4 CITY - S	T - ZIP	NOPTI	1 BAY V	rillage	rL .	33141	
TITLE	SD	☐ DELETE	2 1 TITLE	- 1		,			Change	e LJ Addition
NAME ]	BECKNER, JERRY F		2.2 NAME	,	_ 44		1. 35. 40.	116		
STREET ADDRESS	1865 79 CSWY #6M		2.3 STREET	ADDRESS	790	a w. Ba	以近 # 1			
CITY-ST-ZIP	NORTH BAY VILLAGE FL 3314		2 4 CITY-5	ST-ZIP	MORT	H BAY 1	rillage	FL	33141	
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NAME			3.2 NAME	1						
STREET ADDRESS			3.3 STREET	- 1						
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TITLE		☐ DELETE	41 TITLE	- 1					Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	- 1						
CITY-ST-ZIP		DELETE	4.4 CITY - S	1-7IP		<del></del>			Change	e Addition
TITLE		[] offer	5.1 TITLE	1					L_J Unally	: LI ADDITION
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ì						
CITY-SI-ZIP		Driete	5.4 CITY - S	T - ZiP					TT Character	Addition.
TITLE		☐ DELETE	6.1 TITLE	1					L Change	e 🔲 Addition
NAME			6.2 NAME	1						
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CITY-ST-ZIP	Ale all all all all all all all all all a	th this films also set a select for	6.4 CITY - S		d in Carata	n 440 03/05/0	Flacida Castal	1 6 ali: -	a marlif . als = 1 11	ha l={a,====1=
14. I hereby c indicated	pertify that the information supplied with on this annual report or supplemental	in this filing does not qualify for fannual report is true and accu	r the exemp urate and tha	tion stated at my sign	u in Sectio nature shal	n 119.0/(3)(i), Il have the sam	riorida Statutes e legal effect as	, i turthe s if made	r certify that the under oath; I	ne information that I am an

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.

SIGNATURE:

Shistopen Jana

03/20/98

(305) 374-1810