

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 06, 1999 8:00 am
Secretary of State

04-06-1999 90019 004 ***150.00

DOCUMENT # **P97000095353**

1. Corporation Name
FUTURESTATE TECHNOLOGIES, INC.

Principal Place of Business
**2701 SW 96 AVE
MIAMI FL 33165**

Mailing Address
**2701 SW 96 AVE
MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0793884	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS C
2701 SW 96 AVE
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name **Daniel A. Primo**
82 Street Address (P.O. Box Number is Not Acceptable)
7810 S.W. 85 CT.
83
84 City **Miami** **FL** 85 Zip Code **33143**

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 **DANIEL A. PRIMO** **3/30/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V
NAME	SANCHEZ, CARLOS	1.2 NAME	SANCHEZ, CARLOS
STREET ADDRESS	2701 SW 96 AVE	1.3 STREET ADDRESS	2701 S.W. 96 AVE.
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VS	2.1 TITLE	
NAME	FERNANDEZ, MIGUEL A	2.2 NAME	
STREET ADDRESS	2942 SW 34 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	P
NAME	PRIMO, DANIEL A	3.2 NAME	PRIMO DANIEL A.
STREET ADDRESS	7810 SW 85 CT	3.3 STREET ADDRESS	7810 S.W. 85 CT.
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: **DANIEL A. PRIMO** **3/30/99** **(305)443-8500**
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #