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 # P97000101108

MATT-TECH, INC.

Principal Place of Business

Mailing Address

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90097 002 ***150.00



MIAMI FL	S DAIRY ROAD 33179	325-2 IVES DAIRY ROAI MIAMI FL 33179	D		1011 1081
				DO NOT WRITE IN THIS SPACE	÷ ,,
O Dufa -i				3. Date incorporated or Qualifed	55
	pal Place of Business	2a. Mailing Address		12/01/1997	x x
Suite, Apt. #, etc.		26		4. FEI Number Applied	For
		Suite, Apt. #, etc.		65-0797950 Applied Not App	
22 City &	State	27		5. Certificate of Status Desired S8.75 Addition	onal
23	State	City & State		Fee Require	<u>d</u> _
Zip		28		6. Election Campaign Financing	
24	Coditity Zip		Country	Added to East	es .
	25	29	30	8. This corporation owes the current year Intangible	
	9. Name and Address of Curr	ent Registered Agent		Personal Property Tax. Yes No)
R	OTHLEIN, JAY ESQ	• 1	81 Name	10. Name and Address of New Registered Agent	
90	30 WASHINGTON AVENUE		<u> </u>		
SI	UITE 209		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	IAMI BEACH FL 33139		83	and the same we desire the same as a second	
***	DEAOIT E 33 39				17.
	<u> </u>		84 City	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一	1170
11. Pursua office of	ant to the provisions of Sections 607.05	02 and 607,1508. Florida Statu	tes the share	FL 85 Zip Code ``	***
agent.	I am familiar with, and accept the obline	e of Florida. Such change was a	authorized by the corners	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	red
SIGNATUR	₹E		onda Statutes.	of directors, i nereby accept the appointment as registered	i ,
	Signature, typed or printed name of registered age				
12.	OFFICERS AN	ND DIRECTORS	Registered Agent signature requ		
TITLE	ן פט	[] DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
NAME	WITTKIN, MATTHEW				ddition
STREET ADDRES	CO ONNICE HOAD		1.2 NAME	,	
CITY-ST-ZIP	MIAMI FL 33177		1.3 STREET ADDRESS	•	- 1
TITLE	ST	☐ DELETE	1.4 CITY-ST-ZIP		
NAME	WITTKIN, TERRY		2.1 TITLE	☐ Change ☐ Ad	ldition
STREET ADDRESS			2.2 NAME	,	VIIIGII I
CITY-ST-ZIP	MIAMI FL 33176		2.3 STREET ADDRESS		1
TILE			2.4 CITY: ST-ZIP	<u></u>	ľ
IAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ DELETE	3.1 TMLE	☐ Change ☐ Ado	<u> </u>
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WE		☐ DELETE	4.1 TITLE		<u>a</u> _
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ME		☐ DELETE	5.1 TITLE		١. ا
REET ADDRESS			5.2 NAME	☐ Change ☐ Addit	tion
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1-51-2IP	(4+ B)		5.4 C/TY-ST-Z/P	A	
í		☐ DELETE	6.1 TITLE		1.3
ME			6.2 NAME	☐ Change ☐ Additi	ion
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, i nereby ca	ertify that the information and it		v.= O117- 31-ZIP	· ·	ŀ

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 effect 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: