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 # P97000101501 (9)

KNOWLEDGE TECHNOLOGIES, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **10901 SW 120TH STREET** 10901 SW 120TH STREET MIAMI FL 33178 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1997 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 65-0797742 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No Λ 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **AMERILAWYER** 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 500 83 City Miami 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE BECERRA-FERNANDEZ. IRMA NAME 1.2 NAME 10901 SW 120TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP VÑ DELETE Change Addition TITLE 2.1 TITLE RODRIGUEZ, SILVIA A 2.2 NAME 10901 SW 120TH STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2#P 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP

14. Thereby 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 suppliemental 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.

1/15/as (2005)222-1011