## 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 # P97000101501

1. Corporation Name

KNOWLEDGE TECHNOLOGIES, INC.

Principal Place of Business											
10901 SW 120TH STREET											

10901 SW 120TH STREET MIAMI FL 33176

Mailing Address

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90155 031 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

										corporated or	Qualifed				
						_			12/02/					,	
Principa Place of Business 2a, Mailing Address									4. FEI Number					Applied For	
21							. —   —	<u>65-079</u>	37742					Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								:	5. Certifca	te of Status [	Desired		•	<b>5.75</b> A Fee Red	iditional uired
22									Election	Campaign F	inancing		<u>s</u>	5.00	Jav Re
23 28										and Contribut				Added to	
Zip	Cour	itry	Zip		Co	untry			B. This co	poration owe	s the curr	ent year	ntangibi	e	
24	25	,	29		30					al Property Ta		ŕ	ĽΥ		□No
g. Name and Address of Current Registered Agent						T		10. Name and Address of New Registered Age					d Agen	t	
<u> </u>						81	Name								
	riguez, silvia a					82	Stroot Ac	droce	dress (P.O. Box Number is Not Acceptable)						
9020	SW 102 STREET					82 Street Acdre			cdress (P.O. Box Number is Not Acceptable)						
MIAN	AI FL 33176					83									
	$\sim$						0.,						100	Zip C	nde -
	/ )					84	City					F	L 85		
11 Pursuant	to the provisions of So registered agent, or bo im familiar with, and a	ctions 60/.0502	and 607.1508.	Florida Statu	ites, the a	above	e-named co	crporat	ion submit	s this stateme	ent for the	purpose	of chan	ging its	egistered
office cr r	egistered agent, or bo	h in the Ctate o	f Florida, Such	change was	authorize	d by	the corpora	a tion's	board of c	rectors. I her	eby accer	ot the app	ointmer	nt as reg	stered
agent. a	m tamiliar with, and ad	cept the childan	ons or, Section	-MA	SIGN SIA	- J	211		ans	IANDE	72	4	119	199	
SIGNATURE	Signatur, typed or printed na	ne of registered agent		,	i: Registere	d Agen	t signature requ	Lired whe	n reinstating)			DATE	1.11		
12.	Signature, typed or printed the	OFFICERS AND			13.					NS/CHANGE	S TO OF	FICERS /	ND DII	RECTO	S IN 12
TITLE	PSD			☐ DELETE	1.1 T	ITLE								Change	Addition
NAME	BECERRA-FERNA	NDEZ. IRMA			1.2 N	AME									
STREET ADDRESS	10004 ONL 400TH OTDEET			1.3 5	1.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33176				140	CITY-S	T-ZIP								
TITLE	VTD			DELETE	2.17									Change	Addition
NAME	RODRIGUEZ, SILV	/IA A			2.2 N	AME	- 1								
STREET ADDRESS	40004 OW 400TH OTDEET					TREE	REET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33176				2.4	CITY-S	IT-ZIP								
TITLE				DELETE	3.11									Change	☐ Addition
NAME					321	IAME									
STREET ADDRESS					3.3 8	TREET	ADDRESS								
CITY-ST-ZIP						CITY-S	!								
TITLE		<del></del>		☐ OELETE		ITLE								Change	Addition
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CITY-ST-ZIP				☐ DELETE	6.11									Change	Addition
TITLE	1			0.66.16		NAME	{						. س	<b>a</b> -	
NAME							ADDRESS								
STREET ADDRESS	1														
CITY-ST-ZIP					6.4 0	CITY-S	1-214						<del></del>		

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 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 of 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 an attack next with an address, with a lother like empowered.

SIGNATURE:

BECERLA-FERNANDEZ