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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000106995

1. Corporation	Name	.00000							
CIERRA TECHNOLOGIES, INC									
						1 (88)/ 88) 21 8 (8)() 2 66 () 86 ()/	 19 19 	ABNA ANNA 1811A :	
Principal Place of Business Mailing Address			-1) (BAIII AA INDIK INDIK INDIK NADISI		76110 61110 10110 I	18181 8111 1881
6278 N. FEDERA	AL HWY	6278 N. FEDERAL HWY	8 N. FEDERAL HWY						1
120	120				DO NOT WRITE IN THIS SPACE				
FT. LAUDERDAL US	E FL 33308	FT. LAUDERDALE FL 33308 US	FT. LAUDERDALE FL 33308			3. Date incorporated or Qualifed			
03		00				12/22/1997	30		
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		Apr	plied For
21	ace of Business		26			65-0820799			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22		27	27			5. Certifcate of Status Desired		Fee Re	quired
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	у		8. This corporation owes the c	urrent year Int		
24	25 29 30					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent	81	Name		O. Name and Address of Nev	w Registered	Agent	
GRUI	DZIEN, EDWARD		"	Name				 	
	N.E. 22 TERRACE		82 Street Addr			(P.O. Box Number is Not Acce	ptable)	•-	
FT. LAUDERDALE FL 33308			83						
,,,,				<u> </u>					
			84	City		•	FL	85 Zip C	ode
44 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	/e-named	corporat	tion submits this statement for t	the numose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	v the corbo	oration's	board of directors. I hereby ac	cept the appoi	ntment as reç	jistered
	m familiar with, and accept the colliga	lions of, Section 607,0505, Florid	Ja Statute	3.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Age	ent signature re	required who	en reinstating)	DATE		
12.	2. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PS	☐ DELETÉ	1.1 TITLE					Change	Addition
NAME	GRUDZIEN, DONALEE	_	1.2 NAME						
STREET ADDRESS	6278 N. FEDERAL HWY., SUITI	E 120	1.3 STREE	ET ADDRESS	1				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-					Chann	Addition
TITLE	VT	☐ DELETE	2.1 TITLE					_ Change	☐ Addition
NAME	GRUDZIEN, EDWARD	F 400	2.2 NAME						
STREET ADDRESS	6278 N. FEDERAL HWY., SUIT	E 120		ET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	DELETE	2. 4 CITY- 3.1 TITLE		 			☐ Change	Addition
TITLE		_							
NAME			32 NAME	ET ADDRESS					ļ
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP TITLE		☐ OELETE	4.1 TITLE					Change	Addition
NAME .		_	4. 2 NAME		1				
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				_	
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME				•		
STREET ADDRESS			5.3 STREE	ET ADDRESS	;			•	
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREI	ET ADDRESS	i				,

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 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRED