

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90265 012 ***150.00

DOCUMENT # P97000107054

1. Corporation Name
PORT-O-TECH, CORP.

Principal Place of Business

25854 SW 123RD AVE
NARANJA FL 33032
US

Mailing Address

25854 SW 123 AVE
NARANJA FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number
65-0814548

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 27821 SW 129 CT
Suite, Apt. #, etc.

2a. Mailing Address

26 27821 SW 129 CT.
Suite, Apt. #, etc.

City & State

23 HOMESTEAD, FL.

City & State

28 HOMESTEAD, FL.

Zip

24 33032

Country

25 US

Zip

29 33032

Country

30 US

9. Name and Address of Current Registered Agent

PIMENTEL, JOHN
25854 SW 123 AVE
NARANJA FL 33032

10. Name and Address of New Registered Agent

81 Name PEELER, William
82 Street Address (P.O. Box Number is Not Acceptable)
27821 SW 129 CT.
83
84 City HOMESTEAD FL 85 Zip Code 33032

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

William Peeler
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-17-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME PIMENTEL, JOHN
STREET ADDRESS 25854 SW 123 AVE
CITY-ST-ZIP NARANJA FL 33032

TITLE D ☐ DELETE
NAME PEELER, WILLIAM
STREET ADDRESS 25854 SW 123 AVE
CITY-ST-ZIP NARANJA FL 33032

TITLE D ☐ DELETE
NAME ALONSO, MANUEL
STREET ADDRESS 11605 CANAL DR, #7
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME PEELER, William
1.3 STREET ADDRESS 27821 SW 129 CT
1.4 CITY-ST-ZIP HOMESTEAD, FL. 33032

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

William Peeler
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-17-99 (305) 970-9836

CR2E034 (11/98)

0150126