04-20-1999 90133 011 \*\*\*150.00

## 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

DOCUMENT #	P98000005859
1 Corneration Name	

Country Dade

AIRTECH COMMUNICATIONS CORPORATION

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

27569 5. Dixie

9. Name and Address of Current Registered Agent

Mailing Address

11157 SW 154 PLACE MIAMI FL 33196

11157 SW 154 PLACE MIAMI FL 33196

2a. Mailing Address

3303

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	DO NOT WRITE IN THIS SPACE		
	3. Date Incorporated or Qualifed		
	01/20/1998		
Mailing Address	4. FEI Number	Applied For	
27509 S. Dixie Hwy	45-0804947	Not Applicable	
Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State Miami FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	This corporation owes the current year     Personal Property Tax.	r Intangible ☐ Yes <b>∑™</b> o	

CHIN,	JENNIFER	
11157	SW 154 PLACE	
IMAIM	FL 33196	

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L .	10. Name and Address of New Registered Agent				
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83	hadden and an in the state of t				
84	City FL 85 Zip Code				

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	NOTE: B	onictored Agent signature to	equired when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PSTD DELETE	1.1 TITLE		Change	☐ Addition	
NAME	CHIN, JENNIFER	1.2 NAME			ļ	
STREET ADDRESS	11157 SW 154 PLACE	1.3 STREET ADDRESS				
СЛY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE		Change	Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP	·	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
^NAME	العامر متحمر البعارات العامرات	3.2 NAME			=	
STREET ADDRESS		3.3 STREET ADDRESS				
CITY+ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE		Change	☐ Addition	
NAME		4.2 NAME			ļ	
STREET ADDRESS		4.3 STREET ADDRESS			1	
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME		5.2 NAME			)	
STREET ADDRESS		5.3 STREET ADDRESS			ļ	
CITY-ST-ZIP		5.4 CITY-ST-Z3P				
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	,			
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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: