PROFIT CORPORATION : ANNUAL REPORT 1999



FLORIDA DEPARTMENT DE STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90166 024 ***150.00

	MENT # P9800 0	<i>)</i> 031173	•	•			
1. Corporation	N TECHNOLOGY, INC.		•	_			
CEBARO							
Principal Place	e of Business	Mailing Address		E LOCATOR IIA 19131 IBIN Maris serit detin garan	alis der effektive film er er	8800 1111 1291	
100 N. BISCAY	NE BLVD., 21ST FLOOR	100 N. BISCAYNE BLVD., 2	IST FLOOR				
MIAMI FL 3313		MIAMI FL 33132		DO NOT WRITE IN THIS	SPACE		
				3. Date incorporated or Qualified	OI NOL	\neg	
				04/02/1998			
2 Dylandrol D	lace of Business	2a. Mailing Address		4, FEI Number	Apr	olied For	
—	idea of positions	26		1 69- 352 99 48		Applicable	
21 Suite, Apt.	# etc.	Suite, Apt. #, stc.			\$8.75 A	dditional	
22 -	-	27		5. Certificate of Status Desired	Fee Re	quired	
City & Stat	8	City & State		6. Election Campaign Financing	\$5.00		
23	-		-	Trust Fund Contribution	- Added to	o Fees -	_
Zip	Country	Zip	Country	8. This corporation owes the current year Int		□No	
24	25		30	Personal Property Tax. 10. Name and Address of New Registered			
<u></u>	9. Name and Address of Curre	nt Kegisteren Agent	81 Name	10. Hand and yourses of the stage of the			
RIFO	N. CLAUDIO ESQ						
100 N. BISCAYNE BLVD., 21ST FLOOR			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
1	WI FL 33132		83				
			<u>- </u> -		85 Zip C	ode	
			84 City	FL	. 1 1	i	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its	registered	
office or r	egistered egent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change พอร อเ ations of, Section 607,0505, Flor	ithorized by the corporati	ion's board of directors, Friendly accept the appoin	IIII III III III III III III III III I	1510150	
SIGNATURE	III (Zaranies viini, and assays assays as	,					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE			~
12.	OFFICERS A			AND THE PROPERTY OF THE PROPERTY AND	A DIRECTOR	DC IAI 42	ਕ
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN			11/9
TITLE	D	ND DIRECTORS	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12	4 (11/9)
NAME	D PEELER-VOGT, CAROLE	☐ DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN			-034 (11/98
NAME STREET ADDRESS	D PEELER-VOGT, CAROLE 2614 N. TAMIAMI TRAIL, SUIT	☐ DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN			R2F034 (11/9)
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see and that my signature shall have the same legal effect as it made under eath; that I am and cute this report as required by Chapter 607, Florida Statutes; and that my name appears in that like approximate.