


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90118 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000035851 OK
 1. Corporation Name

AMAZONTECH GROUP, INC.

Principal Place of Business Mailing Address
10220 NW 47th Street **SAME**
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/98

4. FEI Number

65-0828112

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 2a. Mailing Address
 21 **10220 NW 47th Street** 26 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUNRISE FLORIDA** 27 **SUNRISE FLORIDA**
 City & State City & State
 23 **33351** 28 **USA**
 Zip Country Zip Country
 24 **USA** 29 **USA** 30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 Almeria Avenue
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **CEZAR A MONTEIRO**
 82 Street Address (P.O. Box Number is Not Acceptable) **10220 NW 47th street**
 83 **SUNRISE**
 84 City **FL** 85 Zip Code **33351**

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.

01/18/99

SIGNATURE X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEZAR A MONTEIRO	1.2 NAME	
STREET ADDRESS	10320 NW 16th court	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation FL 33322	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLENE MONTEIRO	2.2 NAME	
STREET ADDRESS	10320 NW 16th court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation FL 33322	2.4 CITY-ST-ZIP	
TITLE	T/S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEZAR MONTEIRO JUNIOR	3.2 NAME	
STREET ADDRESS	10320 NW 16th court	3.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation FL 33322	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X

CEZAR A MONTEIRO

01/18/99

(954) 7473449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)