Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90009 022 ***150.00

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

DOCUMENT # P98000070353

1. Corporation Name

AWESOME TECHNOLOGY, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address				., 48114 88 (1)	. 18611 20106 1112(#**** P*** 1881	
2225 MONROE	ST #B4	2225 MONROE ST., #B4	2225 MONROE ST., #B4							
HOLLYWOOD F		HOLLYWOOD FL 33020				DO NOT WRIT	TE IN TER	e ebace		
						3. Date Incorporated or Qualifed	E IN THIS	SPACE		
						08/10/1998				
2 Princips D	lace of Business	2a. Mailing Address				4. FEI Number		Anı	plied For	
	lace of Business		26					<u> </u>	1 Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A		
22		27				5. Certifcate of Status Desired		Fee Re	quired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Coun	ry		8. This corporation owes the curre	nt year Ir	ntangible		
24	25	29	30			Personal Property Tax.		Yes	□No	
g. Name and Adcress of Current Registered Agent MONG DO, HONG NHAN CUNG 2:25 MONROE ST., #B4 HOLLYWOOD FL 33020						10. Name and Address of New R	egistered	i Agent		
				B1	Name					
2225 MONROE ST., #B4			1	32	Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
				_						
				83						
				34	City			85 Zip C	ode	
							<u>Fլ</u>			
office or i	registered agent, or both, in the Stat	te rif Florida.Such change was 🤋	iuthorized -	Dy tr	named corpo he corporation	oration submits this statement for the n's board of directors. I hereby accep	ourpose o t the agr c	া changing its pintment as rec	registerea gistered	
agent. I a	im familiar with, and accept the obliq	gations of, Section 607.0505, Fla	rida Statul	és.			, ./	22th	1000	
SIGNATURE						H	DATE -	20'	1971	
42	Signature, typed or printed name of registered a	Sent and title if applicable. (NOT:	13.	gent :	signature required	ADDITIONS/CHANGES TO OFF		ND DIRECTO	FIS IN 12	
TITLE	01102107	DELETE	1.1 TITL		D.,	sident		Change	Addition	
NAME					1	a Albara Coma - DD	,	,	_	
STREET ADDRESS			13.STR	EET A	ADDRESS SA	ng-Nhan Cung-Do 25 Monroe Street Ywood, FL 83020	# R4-			
CITY-ST-ZIP			14 CIT	 	7IP 14-11	housed Fla \$102.0				
TITLE		☐ DELETE	2.1 TITL	E	- Hon	ywood, 12 23020		Change	Addition	
NAME			2.2 NAÑ	Æ						
STREET ADDRESS			2 3 STR	EETA	ADDRESS					
CITY-ST-ZIP			2. 4 CIT	Y-ST	- ZIP					
TITLE		☐ DELETE	3.1 TITL					Change	Addition	
NAME			3.2 NAN	Æ						
STREET ADDRESS			1	3.3 STREET ADD						
CITY-ST-ZIP			3.4. CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	4.1 TITL	E				Change	☐ Addition	
NAME			4. 2 N							
STREET ADDRE 3S			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITE	E	T	·		Change	☐ Addition	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STF	EET A	ADORESS					

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 a lother like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(305) 628-970¢

☐ Change

☐ Addition