*PROFIT → CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077256

1. Corporation Name

DYNAMIC WIRING TECHNOLOGY, INC.

Mailing Address

Principal Place of Business 12 ROYAL PALM WAY.#103 **BOCA RATON FL 33432**

12 ROYAL PALM WAY.#103 **BOCA RATON FL 33432**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90197 019 ***150.00



DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualifed 08/31/1998
- / O	lace of Business 2a. Mailing Address 24 A Royal	Palm Wr	4. FEI Number Applied For
Suite, Apt.	#, etc. Suite, Apt. #, etc.	1 1911 1 501	5. Certificate of Status Desired
22 101 27 101 CHX& State 23 BOCA RATON FL28 BOCA RAT		LIEI	6. Election Campaign Financing \$5.00 May Be
23 SOCA KATON TL28 DOLA KATON T. Trust Fund Contribution Added to Fee Zip Country 8. This corporation owes the current year Intangible			
24 33452 25 YAM 6(N. 29 35452 30 YAM 6Ch Personal Property Tax. Yes DATO			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ()			
GUERRA, ARTHUR			SURRRA MARTHUR
12 ROYAL PALM WAY,#103 BOCA RATON FL 33432		82 Street A	ddress (P.O. Box Number is Me Acceptable)
		83	7
		84 CiV	85 Zip Gode
		1 1 130	1/4 KM+0W FL 55452
-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 Standard broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIDECTORS IN 12
TITLE	D DELETE	1.1 TITLE	
NAME	GUERRA, ARTHUR	1.2 NAME	GUERRA, ARTHUR 6 ROYAL PALM WAY # 101 BOCA RATON FL. 33432 BOCA RATON FL. 33432
STREET ADDRESS	12 ROYAL PALM WAY,#103	1.3 STREET ADDRESS	6 ROYAL PAIN WAY # 101
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOLA RATON FL. 33432
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	İ
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	•	3.3 STREET ADDRESS	
CITY-ST-ZIP	- Declare	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE 4. 2 NAME	
NAME		4.2 NAME. 4.3 STREET ADDRESS	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	_	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	
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 supplied with this limit does not qualify for the exemple 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: