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

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90015 004 ***150.00

DOCUMENT # P98000081308

1. Corporation U.S. TEC	CHNICAL, INC.				
Principal Place	e of Business	Mailing Address			21 (414) (1202 (111) 20,51 (21) 1021
3165 WEST 4IL HIALEAH FL 33		HIALEAH FL 33012		DO NOT WRITE IN TH	IS SPACE
	·			3. Date Incorporated or Qualifed 09/18/1998	
2. Principal P	188 NW 544 St.	2a. Mailing Address	n E-	4. FEI Number 650864166	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. 44. 4.04	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 MIDMI FL- 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
zip 33/6	Country 25 Drane	Zip 3	Country 0	This corporation owes the current year I Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
200	LI DIO ADDO		81 Name	RICANDO ROCH	
ROCH, RICARDO			82 Street Address (P.O. Box Number is Not Acceptable)		
3165 WEST 4TH AVE			7288 NW S4 F5 St.		
HIALEAH FL 33012			83		
			84 City M	IIAMI, FL F	L 85 Zip Code 32/66
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auti	norized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE	Standard band or reinted name of registered adent	and title if applicable (NOTF: R	egistered Agent signature requir	red when reinstating) DATE	
			13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DP OF HELKS AND	DELETE	1.1 TITLE	- wattration and a second to be to the total	Change ☐ Addition
NAME	ROCH, RICARDO	_	1.2 NAME	16 -1	
STREET ADDRESS	3165 WEST 4TH AVE		1.3 STREET ADDRESS	7288 NN 54+251.	Ì
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	7288 NN 5445. MIRMI, FL. 33166	
TITLE	TO THE PERSON OF	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		,
CITY-ST-ZIP	ان این این این این این آنهای این این این این این این این این این ا	·	2.4 CITY- ST-ZIP	:	Ta ya raa a
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		, l
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption dated 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 ply 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 seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE ,

NAME

CITY-ST-ZIP

DELETE

DELETE

889 0031 305

☐ Addition

☐ Addition

☐ Change

Change