FILED Apr 13, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Kathorine Harris

Secretary of State

1999		DIVISION OF C	ORPORATIONS	_			
DOCUMENT # PC 1. Corporation Name SOUTH TECH ENTERPRIS		507					
3001B JEGH ENTENTING	DES HIV.				1 191 0 1971 1 071 1		
	·						
Principal Place of Business	Maill	ng Address		1 100/107/ 1(2 /012) 10/4/ 25/4/ 00/1/ 00/1/ 00/1/			
2160 NW 82 AVE		NW 82 AVE		1			
MIAMI FL 33122 -	MIAM	FL 33122		DO NOT WRITE IN THE	S SPACE		
•				3. Date Incorporated or Qualifed 11/12/1998	·		
2. Principal Place of Business	2a. N	lalling Address		4. FEI Number	· ·	olied For	
21	26		<u>-</u> -	65-0876251		Applicable	
Suite, Apt. #, etc.	S	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re		_
City & State	- 28	ity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		-
Zip Countr		ip	Country	8. This corporation owes the current year I	ntangible		
24 25	29		30	Personal Property Tax.		□No	
9. Name and Addre	ss of Current Register	red Agent	81 Name -	10. Name and Address of New Registere	•		
CORONADO, RAMONA				ELIX C. JARE	1 Fig. 1		
7360 CORAL WAY STE.	21			ress (P.O. Box Number is Not Acceptable)		ì	
MIAMI FL 33155	_,		02				
			84 City	Joun 1 Pl. 33/61	85 Zip C	ode	
				F			
11. Pursuant to the provisions of Sea	tions 607.0502 and 607	.1508, Florida Statute	s, the above named com	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered	
agent. I am familiar with and acc	ept the obligations of, S	ection 697.0505, Flori	da Statutas.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	1	99	
SIGNATURE	Mo		ogistered Agent signature require			<u> </u>	
	FFICERS AND DIRECT		L-13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12	Š
TITLE 10P		☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition	3
NAME RODRIGUEZ, JAVIE	RF	·	1.2 NAME				Š
STREET ADDRESS 8695 NW 6 LANE,	#205		1.3 STREET ADDRESS				į
CITY-ST-ZIP MIAMI FL		☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition	5
TITLE DV			22 NAME		J	_	
NAME TUESTA, SANDRO STREET ADDRESS 9779 SW 147 PL			2.) STREET ADDRESS	•		}	
STREET ADDRESS 9779 SW 147 PL CITY-ST-ZIP MIAMI FL 33196			2.4 CMY-ST-ZIP	<u></u>			
-inital EDS		→=@ DELETE	31-TIME		Change -	Addition	_
NAME TUESTA, ALEJAND	RO		32 NAME				
STREET ADDRESS 9779 SW 147 PL	`		3.3 STREET ADDRESS	• -			-
CITY-ST-ZP MIAMI FL 33196		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change	Addition	
THE OT		C) pereie	4.1 TITLE 4.2 NAME			_	
NAME TUESTA, RUBEN A STREET ADDRESS 9779 SW 147 PL	•		4.3 STREET ADDRESS			1	j
CITY-ST-ZP MIAMI FL 33196			4.4 CITY-ST-ZIP	·			!
TILE		☐ DELETE	5.1 TITLE		☐ Change	Addition	ŧ
NAME		• •	5.2 NAME			j	ļ
STREET ADDRESS						1	!
crnr-sr-zip			5.3 STREET ADDRESS			[
		M DEI CTE	5.4 CiTY-ST-ZIP		☐ Change	Addition	
πιτ		☐ DELETE	5.4 CITY- ST-ZIP 6.1 TITLE		☐ Change	Addition	•
TITLE NAME STREET ADDRESS	<u></u>	☐ DELETE	5.4 CiTY-ST-ZIP		Change	Addition	!

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 eddress, with all other like empowered.

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