


**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90022 012 \*\*\*150.00

|   |                                 |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
|---|---------------------------------|---|----------|---------------------------------|------|---------------------------------|--|----------------|---------------------------|--|-------------|-------------------------|--|---|--|-----------|-----------|--|----------|----------------------------|--|--------------------|-----------------------------|--|-----------------|-----------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |                                 |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| <b>DOCUMENT # P98000101139</b><br>1. Corporation Name<br><b>SUPERIOR PRODUCTS TECHNOLOGY, INC.</b>  |                                 |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| Principal Place of Business<br><b>ONE S.E. THIRD AVENUE, SUITE 2250</b><br><b>MIAMI FL 33131</b>  |                                 | Mailing Address<br><b>ONE S.E. THIRD AVENUE, SUITE 2250</b><br><b>MIAMI FL 33131</b>  |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |                                 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country  |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| 9. Name and Address of Current Registered Agent<br><b>IGLESIAS, MANUEL E ESQ</b><br><b>ONE S.E. THIRD AVENUE, SUITE 2250</b><br><b>MIAMI FL 33131</b>   |                                 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                 |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| 12. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>ALEXANDER DAVIDSON, PAUL</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8029 N.W. 71 COURT</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TAMARAC FL 33321</b></td> <td></td> </tr> </table>   |                                 | TITLE   | <b>D</b> | <input type="checkbox"/> DELETE | NAME | <b>ALEXANDER DAVIDSON, PAUL</b> |  | STREET ADDRESS | <b>8029 N.W. 71 COURT</b> |  | CITY-ST-ZIP | <b>TAMARAC FL 33321</b> |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1"> <tr> <td>1.1 TITLE</td> <td><b>DP</b></td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td><b>1710 NW 22 COURT #3</b></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td><b>POMPANO BCH FL 33069</b></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td><b>DS</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> |  | 1.1 TITLE | <b>DP</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 1.2 NAME | <b>1710 NW 22 COURT #3</b> |  | 1.3 STREET ADDRESS | <b>POMPANO BCH FL 33069</b> |  | 1.4 CITY-ST-ZIP | <b>DS</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <b>D</b>                        | <input type="checkbox"/> DELETE   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| NAME  | <b>ALEXANDER DAVIDSON, PAUL</b> |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| STREET ADDRESS  | <b>8029 N.W. 71 COURT</b>       |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| CITY-ST-ZIP   | <b>TAMARAC FL 33321</b>         |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
| 1.1 TITLE   | <b>DP</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
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| 1.3 STREET ADDRESS  | <b>POMPANO BCH FL 33069</b>     |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
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| NAME  | <b>RIVAS, JOSE</b>              |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
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| 6.3 STREET ADDRESS  |                                 |   |          |                                 |      |                                 |  |                |                           |  |             |                         |  |   |  |           |           |  |          |                            |  |                    |                             |  |                 |           |  |
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone

3/30/99 957 971 0013.

CR2E034 (11/98)