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 # P98000104504

1. Corporation Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90248 007 ***150.00

CHOOSE	TECHNOLOGIES, INC.								
Principal Plac	e of Business	Mailing Address				1 1881) 881 110 1810 1811 1811	11 GB 181 (1811 881	14 01001 0 1141 0	6111 mini (##)
501 BRICKELL KEY DRIVE, SUITE 400 501 BRICKELL KEY DRIVE. SUITE						į			
MIAMI FL 33131 MIAMI FL 33131						DO NOT WR	ITE IN THIS :	SPACE	
						3. Date Incorporated or Qualifed			
						12/17/1998			
2. Principal Place of Business 2a. Mailing Address				,		4. FEI Number		X A	plied For
21 26				-		· Marie engale e		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_			5. Certificate of Status Desired		\$8.75	Additional
27						5. Certificate of Status Desired	سا	Fee Re	equired
	City & State City & State					6. Election Campaign Financing		•	May Be
23	28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip '	Cour	ntry		8. This corporation owes the cui	rent year Inta		m.,
24	25	29	30			Personal Property Tax.	D	Yes	□No
	9. Name and Address of Curren	t Registered Agent	_	81	Name	10. Name and Address of New	Registered A	<u> </u>	
EEDN	IANDEZ EDIJARDO			٠''	Name				
FERNANDEZ, EDUARDO 501 BRICKELL KEY DRIVE, SUITE 400				82	Street Add	ress (P.O. Box Number is Not Accep	able)		
	N FL 33131			-					
INTERIO	III FE 33131			83					
			ŀ	84	City			85 Zip	Code
	t to the provisions of Sections 607.050						FL_		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO ID DIRECTORS	TE: Registered	Agen	t signature requir	ed when reinstating) ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	D	☐ DELETE	1.1 π	1E				Change	☐ Addition
NAME	CAJADO, EDUARDO A	·	1.2 NA	ME)		•		
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400				REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CIT	Y-51	· ZIP				
TITLE		→ DELETE	2.1 TITLE					Change	☐ Addition
NAME		23		2.2 NAME					
STREET ADDRESS	S .	-	2.3 ST	REET	ADDRESS _ ~			~	
CITY-ST-ZIP		DELETE	2. 4 CI		T-ZIP				Addition
TITLE	TLE .		3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NA	ME	Ì				
STREET ADDRESS	5		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CI		T-ZIP			☐ Change	☐ Addition
TITLE				4.1 TITLE				C) cliange	□ voorgon
NAME			4.2 N/		Ì				
STREET ADDRESS	3				ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CIT	_	r-zip			Change	☐ Addition
TITLE			5.1 TIT 5.2 NA		Ì			- Suranda	
NAME			ľ		ADDRESS				
STREET ADDRESS	5		5.4 CF						
CITY-ST-ZIP		DELETE	6.1 TIT		- 4,11			Change	Addition
TITLE			V. + 111		ı				
NAME			62 NA	MF	I				
STREET ADDRESS	_		6.2 NA		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 area cappend of the corporation of the c

SIGNATURE:

IG OFFICER OR DIRECTOR

Daytime Phone #