FILED May 22, 2000 8:00 am Secretary of State 04-26-2000 90150 043 ***158.75

DOCUMENT # P99000026366 MODERN TECNO, INC. 783 HO

rincipal Place	of Business	M. ling Address									
90 NW 33RD ST., APT. ****3 <i>50</i> 2 ULLYWOOD FL 33024		<7830 NW 33RD ST., APT. #403 HOLLYWOOD FL 33024-2251									
1830 NW	ice of Business ノ 33RD ST・ 妻子		7830 NW 33RD ST								
Suite, Apt. #	, etc. ク フ	Suite, Apt. #, etc. 502	Suite, Apt. #, etc. 502			DO NOT WRITE IN THIS SPACE					
City & State		City & State +/0//ywoo	HOLYWOOD			650 90			Not	Applied For Not Applicable	
Zip 3 30	74 BROWARD 6. Name and Address of Curren	Zip 33024	33024 BRO			5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent					
	LO, CARLOS	•	-	Name MU	RILI	7	Plos	H.			
	NW 33RD ST., APT. <i>網</i> 報 <i>5</i> 7 0 YWOOD FL 33024		7830 City Ho	NU	1 33 RD	 5ア	# FL	502 Zip Code 333	024		
	named entity submits this statement	or the purpose of changing its	register	ed office or regis	tered ag	gent, or both, in the	State of Flor	lda.	5/00		
SIGNATURE _	Signature, typed or printed name of registered ager	it and title if applicable. (NO)	E: Registere	ed Agent signature requ	ired when r	einstating)		DATE			
•	ration is eligible to satisfy its Intangib equirement and elects to do so, a on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str			10. Election Contract Fund	ampaign Fina Contribution			O May Be to Fees	
11.	OFFICERS AN	O DIRECTORS	12.	·	ΑI	DDITIONS/CHANC	SES TO OFFI	CERS AN	D DIRECTORS	IN 11	_
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PRESIDENT CARLOS MURILL 7830 NW 33 ST Hollywood FL	# 502							☐ Change	Addition	2E034 (9/99)
TITLE NAME STREET ADDRESS	VISEPRESIDENT BRIAN MURILL 7830 NW 33 ST	□ Delete ○ # 502	1	ME REET ADORESS					☐ Change	Addition	CR2
CITY-ST-ZIP TITLE NAME STHEET ADDRESS	Hollywood FL	33 024	TRTI NAI STE	ME REET ADDRESS		-	<u></u>		□ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TIT NAI STI	1					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIT NA STI	LΕ					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	ST Cit	ME Reet Address IY-ST-ZIP					Change	Addition	
12 Ibecoby	antiful that the information amoulled w	eth this tiling done not auglifut	or the ev	amatian atatad i	0 500tion	e i iu n wanu Eloc	ma Niatutee	FRIMBOLC	eriiny inai ine i	กรดการที่ได้ดี	,

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND THE AND THE OR PROPERTY NAME OF SOCIAL OCCUPANT OF THE PROPERTY OF THE

SIGNATURE: