2000	UNIFURM BUSII	1E33 REPU	n i	(UDI	<u>''</u>					
DÖCUMENT # P9900055373 1. Entity Name										
TECHNOLOGICAL GROUP SIGMA, INC.						FILE SECRETARY: NVISION OF CO	iti OFISTATL			
Principal Plac	e of Business	Mailing Address				RAIPINH OF CO	RPORATIO	<i>4</i> :		
12462 SW 196 MIAMI FL 3317		12462 SW 196TH TERR MIAMI FL 33177				00 OCT -9 AM 8: 35				
							 		1880	
2. Principal Place of Business 10700 Caribban blvd 3. Mailing Address					i					
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State	liami FL	City & State			4.	FEI Number 65-09 20	6414	———	plied For t Applicable	}
Zip	Country Country	Zip	Cour	ntry	5.	Certificate of Status Desir	ed D	\$8.75 Add		1
	6. Name and Address of Current Re	gistered Agent			7.	Name and Address of No	ew Registered /	Agent		<u>†</u>
1445	OLII ANIDA LAINE			Name	Mari	ulanda. Jaim	e			
Marulanda, Jaime 12462 SW 196TH Terr				Street Ad	ddress (P.O.	Box Number is Not Accep	table)]
MIAI	MI FL 33177]
					Miami		FL	Zip Code	57	
8. The above	named entity submits this statement for the	ne purpose of orlanging its f	egister	ed office or	registered a	gent, or both, in the State of	of Florida.	1		
SIGNATURE Signature, typed or pripted name of registered agent and trib if applicable. (NOTE: Registered Agent signature required.)							10/5	<u> </u>		
<u> </u>		<u> </u>					DATE			}
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After SEPTEMBER 13 Make Check Payable				Min. will	be \$750.00	■ -10 Election Campaig Trust Fund Contrib	n.Financing = = & oution.	\$5.0 Added	0:May.Be to Fees	
11.	OFFICERS AND DI		12.		А	DDITIONS/CHANGES TO	OFFICERS AND			[2
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is transcription or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that me ered to execute this report a	v signa	ture shall ha	ave the same	e legal effect as if made un	der oath; that I a	ım an officer	ar director	
SIGNAT		RE RELIVE								
	SIGNATURE AND TYPE OF PRIN	TED NAME OF SIGNING OFFICER O	R DIREC	гоя		Date		aytıme Phone #		1

October 6, 2000

To: Florida Department of State
Attention: To Whom it May Concern

About a week or so ago, I received the attached notification by mail as the first notification and not the second. Furthermore, the notification came too late to meet the second notice deadline. I have moved addresses and have forwarded the addresses with the United States Parcel Service but am not sure why I never received the first notice or the second notice on time. Due to the fact that I was never notified on time, I will send a payment of \$150.00 to cover the amount as indicated by the frequently asked questions on the cover sheet (deducting the 400 penalty). Please excuse the inconvenience.

Thank you for your understanding,

Jaime Marulanda

President