

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

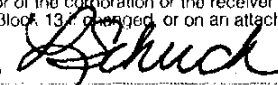
FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S10349 (6)					
1. Corporation Name NEW M-TECH CORPORATION					
Principal Place of Business 16550 NW 10TH AVE MIAMI FL 33169 US			Mailing Address 16550 NW 10TH AVE 2875 NE 191 STREET PH 3A MIAMI FL 33169-5815 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1990	
21 Suite, Apt. #, etc.		26 16550 NW 10TH AVE		3a. Date of Last Report 07/31/1996	
22 City & State		27 N/A		4. FEI Number 65-0225504	
23 Zip		28 MIAMI, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 33169		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country		30 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent NEWMAN, JOEL 355 OCEAN BLVD. GOLDEN BEACH FL 33160				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE OPT ☐ DELETE					
1.2 NAME NEWMAN, JOEL					
1.3 STREET ADDRESS 355 OCEAN BLVD.					
1.4 CITY-ST-ZIP GOLDEN BEACH FL 33160					
2.1 TITLE V ☐ DELETE					
2.2 NAME SCHUCK, LEONOR E.					
2.3 STREET ADDRESS 16400 LOCH NEST LANE					
2.4 CITY-ST-ZIP MIAMI LAKES FL					
3.1 TITLE ☐ DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



14. I do 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, changed, or on an attachment with an address.

SIGNATURE:  LEONOR E. SCHUCK 4-28-97 (305) 624-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0230024

CR2E034 (9/96)