

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90145 007 \*\*\*150.00

DOCUMENT # S72105

1. Corporation Name

B M T THERMOGRAPHERS, INC.

Principal Place of Business

13635 N.W. 7TH AVE.  
N. MIAMI FL 33168

Mailing Address

13635 N.W. 7TH AVE.  
N. MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1991

4. FEI Number

65-0279322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PRADA, JOSE  
13635 N.W. 7TH AVE.  
N. MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

*[Signature]*

*[Signature]*

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PRADA, JOSE  
STREET ADDRESS 8481 NW 191 ST  
CITY-ST-ZIP MIAMI FL 33015

TITLE VP ☐ DELETE

NAME PRADA, MARIA E.  
STREET ADDRESS 8481 NW 141 ST  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE S ☐ DELETE

NAME WATSON, MARIA  
STREET ADDRESS 18777 NW 78TH PLACE  
CITY-ST-ZIP MIAMI LAKES FL

TITLE T ☐ DELETE

NAME PRADA, JAIME G  
STREET ADDRESS 8481 NW 191 ST  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 10125 SW 16 St. #207  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33025

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1457 NW 167 AVENUE  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33029

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 15968 SW 4th STREET  
3.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 1457 NW 167 AVENUE  
4.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33029

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE PRADA

4/19/99

Date

305-688-6386

Daytime Phone #

CR2E034 (11/98)