

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V20263 (2)  
1. Corporation Name  
LION TECH CORP.



Principal Place of Business Mailing Address  
~~XXXX BOSTON MA 02108~~  
~~XXXX BOSTON MA 02108~~  
US  
1165 N SHORE DRIVE  
MIAMI BEACH, FL 33141  
1165 N SHORE DRIVE  
MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 1165 N SHORE DRIVE	26 1165 N SHORE DRIVE	03/09/1992	65-0318060	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>	
23 MIAMI BEACH, FLORIDA	28 MIAMI BEACH, FLORIDA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
Zip	Zip	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
24	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMALE, WANIE E  
~~XXXX CANTERLEA DR~~  
~~XXXX ORLANDO FL 32878~~  
1165 N SHORE DRIVE  
MIAMI BEACH, FL 33141

81 Name	SMALE, WANIE E
82 Street Address (P.O. Box Number is Not Acceptable)	1165 N SHORE DRIVE
83	
84 City	MIAMI BEACH
85 Zip Code	FL 33141

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 *W. Maile* 4/6/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALE, WANIE	1.2 NAME	SMALE, WANIE
STREET ADDRESS	<del>XXXX CANTERLEA DR</del> 1165 N SHORE DR	1.3 STREET ADDRESS	1165 N SHORE DRIVE
CITY-ST-ZIP	<del>ORLANDO FL</del> MIAMI BEACH, FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *W. Maile* (PRESIDENT) 04/06/98 (305) 866-7773

CP2E034 (10/97)