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

DOCUMENT # V20263

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FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90061 033 ***158.75

Principal Place of Business Mailing Address				
1165 N. SHORE DR	RITE IN THIS SPACE			
3. Date Incorporated or Qualife 03/09/1992	id			
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	. Applied For			
21 8877 COLLINS AVENUE 26 / 098 BONITA DRIVE 65-03 16060	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. (A&T ACCOUNTING) 5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State 6. Election Campaign Financing	\$5.00 May Be			
23 MIAMI BEACH, FLORIDA 28 MIAMI BEACH FLORIDA Trust Fund Contribution	Added to Fees			
Zip Country Zip Country 8. This corporation owes the cu	rrent year Intangible			
24 33154 25 MIAMI DADE 29 33141 30 MIAMI DADE Personal Property Tax.	☐ Yes ☐ No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
SMALE, WANIA E.				
• 1100 N. OUUNE DA	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33141 88 / COLLLINS AVEN	8877 COLLINS AVENUE #101			
84 City MIAMI BEACH	FL 85 Zip Code 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 obligators of, Section 607.0505, Florida Statutes.				
SIGNATURE - Malla Da Undl				
Signature, typed or practice name of registered agent and title of applicable. TNOTE: Registered Agent signature required when reestating) DATE				
	FICERS AND DIRECTORS IN 12			
TILL P - 50 DELETE 1.1 TILE P	Change			
NAME SMALE, WANIA	J			
STREET ADDRESS -1165 N. SHORE DR 1:3 STREET ADDRESS 8877 - COLLINS AVENU	UE #101			
CITY-ST-ZIP MIAMI BEACH FL 33141 1.4CITY-ST-ZIP MIAMI BEACH FL 33	**			

☐ DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME .-STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4-CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED SHE PRINTED NAME OF SIGNING OFFICER OR DIRECTO

03/17/99

(305) 866-7773