

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90098 021 ***158.75

DOCUMENT # V35435

1. Corporation Name
I/O TEST, INC.

Principal Place of Business

13380 SW 131ST
SUITE 116
MIAMI FL 33186
US

Mailing Address

13380 SW 131ST
SUITE 116
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1992

4. FEI Number

65-0332149

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 4717 W. Estrella ST
Suite, Apt. #, etc.

2a. Mailing Address

26 4717 W. Estrella ST
Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33629

Country

25 USA

Zip

29 33629

Country

30 USA

9. Name and Address of Current Registered Agent

MEDINA, CARLOS A
13380 SW 131 ST
SUITE 116
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name MEDINA, CARLOS A
82 Street Address (P.O. Box Number is Not Acceptable)
4717 W. Estrella ST
83
84 City TAMPA FL 85 Zip Code 33629

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

Carlos A. Medina

1-13-99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PVST	MEDINA, CARLOS	5401 S.W. 112 AVENUE	MIAMI FL 33165	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
President, Sec.	CARLOS MEDINA	4717 W. Estrella ST	Tampa, FL 33629	<input checked="" type="checkbox"/>	Vice President, Treas	MAGGIE MEDINA	4717 W. Estrella ST	Tampa, FL 33629																
				<input type="checkbox"/>																				
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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:

Carlos A. Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 727 439 3143

Date

Daytime Phone #

CR2E034 (1/98)