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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V44495

121

1. Corporation	FOTECH CONSULTING GR	OUP, INC.				AN AKAN DIRK ANTO AKAN IRA
Principal Place of Business		Mailing Address				9 1 1 1 1 1 1 1 1 1
850 N.W. 122ND AVENUE Miami Fl 33182		850 NW 122ND AVE MIAMI FL 33182		DO NOT WRITE IN THI	e edaer	
US		US			3. Date Incorporated or Qualified	5 SPACE
					06/17/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 Cuito Act	# - 1 · ·	26		65-0342367	Not Applicable	
Suite, Apt. #, otc		Suite, Apt. #, etc. 27		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Country	1	8. This corporation owes or has paid the o	
24 25 25 9. Name and Address of Curre		29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
CA.		i uedistelen waelit	81	Name	10. Name and Address of New Registers	a Agent
GARCIA, CARLOS M 850 NW 122ND AVE MIAMI FL 33182						
			82	Street Ad-	dress (P.O. Box Number is Not Acceptable)	
			63			
			84 City		E	85 Zip Code
office of r	to the provisions of Socious 607 050 ogisterod agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized b	v the cornor.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
	Signature, typent or purified cancerol respectored age	· · · · · · · · · · · · · · · · · · ·		ont signature req	uired when reinstating) [IATE	
12.	OFFICERS AND	DIFFICIORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	
NAME	GARCIA, CARLOS M					Change Addition
STREET ADDRESS	850 NW 122ND AVE		1.2 NAME 1.3 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL		1.4 CITY-5			
TITLE		☐ DEL€1E	2.1 HITLE			Change Addition
NAME			2.2 NAME			
STREET ADORESS			2.3 STREET			
CITY-ST-ZIP TITLE	DELETE		2 4 011 4	S1 - 24P		Channe Channe
NAME	ריי מננונ		3 1 TITLE 3 2 NAME			Change Addition
STREET ADDRESS			33 STREET	ADDRESS		
CITY-ST-ZIP			34. CHY-			
TITLE	DELETE		4 1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T - ZIP		
TITLE NAME	_		51 THLE			Change Addition
STREET ADDRESS			5.2 NAME	Annoree		
CITY-SI-ZIP			5 3 STREET 5 4 CITY - S	1		
TITLE		☐ DELETE	61 TITLE	- LH		Change Addition
NAME			6.2 NAME			· • — · · · ·
			1			j

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 13 if changed, or on an attachment with an address.

ARLOSM. GARCIA

FILED

Apr 30 1998 8:00am

Secretary of State