FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5.A-95 B-6798 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60044** (7)

1. Corporation Name

STRUCTURE TECH CORPORATION

Principal Place of Business	Mailing Address
3311 SW 117TH CT MIAMI FL 33175 US	3311 SW 117TH CT MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0353132 — 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business: 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address: 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEDINA, ORLANDO L. 6201 NW 3 STREET MIAMI FL 33126	81 Name: MEDINA, ORLANDO L. 82 Street Address (P.O. Box Number is Not Acceptable): 3311 SW 117 ct. 83 84 City: MIAMI FL 85 Zip Code: 33175

11. Pursuant to the provisions of Sections 607.0505 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] 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	P ☑ Change ☐ Addition
NAME	MEDINA, ORLANDO	NAME	MEDINA, ORLANDO
STREET ADDRESS	6201 NW 3 STREET	STREET ADDRESS	3311 SW 117 CT.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33175
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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: [signature] 5/15/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0190371 CP