

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:22

DOCUMENT # **V55905** (6)

1. Corporation Name  
**O2 TECH, INC.**

Principal Place of Business

Mailing Address

1450 S.W. 119 COURT  
MIAMI FL 33184

9487 SW 76TH STREET  
M4  
MIAMI FL 33173  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/03/1992** 3a. Date of Last Report **02/24/1994**

4. FEI Number **65-0353017** 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 2a. Mailing Address  
21 **9745 S.W. 72 St** 26  
Suite, Apt. #, etc. 27 **SAME**  
22 **# 114-D** City & State  
23 **Miami, FLA** City & State  
24 **33173** 25 **US** 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**TORRES, ORLANDO**  
**9487 SW 76TH STREET**  
**M-4**  
**MIAMI FL 33173**

10. Name and Address of New Registered Agent  
B1 Name **TORRES, ORLANDO**  
B2 Street Address (P.O. Box Number is Not Acceptable) **9453 S.W. 76th St**  
B3 **S-2**  
B4 City **Miami** FL B5 Zip Code **33173**

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 *[Signature]* **President** 1/16/95  
Signature (Print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>TORRES, ORLANDO</b>
STREET ADDRESS	<b>1450 SW 119 COURT</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>TORRES, ANNETTE</b>
STREET ADDRESS	<b>1450 SW 119 COURT</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TORRES, ORLANDO</b>	
1.3 STREET ADDRESS	<b>9453 S.W. 76th St # S-2</b>	
1.4 CITY - ST - ZIP	<b>M. A. FLA. 33173</b>	
2.1 TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TORRES, ANNETTE</b>	
2.3 STREET ADDRESS	<b>9453 S.W. 76th St # S-2</b>	
2.4 CITY - ST - ZIP	<b>MIA, FL. 33173</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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 (Also empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/13/95 273-855945  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR DATE (Type Name #)