

BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 035 ***150.00

DOCUMENT # P01000059295

1. Entity Name
VOLTEK INTERNATIONAL CORP.

Principal Place of Business
**8615 NW 8 ST, APT 205
MIAMI, FL
33126**

Mailing Address
**8615 NW 8 ST, APT 205
MIAMI, FL
33126**

2. Principal Place of Business
8615 NW 8 ST
Suite, Apt. #, etc.
205

3. Mailing Address
8615 NW 8 ST
Suite, Apt. #, etc.
205

City & State
MIAMI, FL

City & State
MIAMI, F

Zip
33126

Country
USA

Zip
33126

Country
USA

4. FEI Number
65-1113933

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TOVAR DEL CORRAL, JOSE G.
c/o ARIAS TOVAR & ASSOCIATES, P.A
8180 NW 36 ST, SUITE 100
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name
TOVAR DEL CORRAL, JOSE G c/o

Street Address (P.O. Box Number is Npt Acceptable)
ARIAS TOVAR & ASSOCIATES, P.A

City
MIAMI

FL Zip Code
33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **JOSE G. TOVAR DEL CORRAL** **4/25/02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$450.00
Other May Apply. Fee will be \$550.00
Mail to: State Registrar, Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MIJARES, OSCAR 8615 NW 8 ST, APT 205 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MIJARES, OSCAR E. 8615 NW 8 ST, APT 205 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **OSCAR MIJARES PTD** **4/25/02**
Signature and typed or printed name of signing officer or director Date