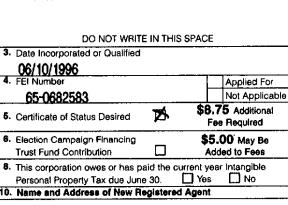
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000049225 (1) SOUTEK, INC. Principal Place of Business Mailing Address 290-174TH STREET 290-174TH STREET **SUITE 2411 SUITE 2411** N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160 3. Date Incorporated or Qualified <u>06/10/1996</u> 2. Principal Place of Business 2a. Mailing Address FEI Number 65-0682583 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 氹 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country Zip Country Zip Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 81 Name INTERCOMP PROFESSIONAL SERVICES, INC. **290-174TH STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 2411** 83 N MIAMI BEACH FL 33160 84 11. Pursuant to the provisions of Sective 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 beat 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 an accept the obligations of Section 607.0505, Florida Statutes. Vresiden) A. GARCIA SIGNATURA (NOTE: Registered Agent signature required when reinstating) 13. 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE TITLE GARCIA, JESUS A 1.2 NAME NAME 290 176 ST #M09 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME

## **FILED** Mar 05 1998 8:00am Secretary of State



Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Change Addition Change Addition STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 proof 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 of tustee 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 attack tent with an address.

7-76-80 -205-931.599\$