

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

FILED

**Feb 17 1998 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # P97000057254 (9)
1. Corporation Name
OXITECH INC.



Principal Place of Business
**645 BIRD ROAD
CORAL GABLES FL 33146**

Mailing Address
**645 BIRD ROAD
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------------------|-------------------------|------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/30/1997 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 65-0764668 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| ALDEREGUIA, RAFAEL I 645 BIRD ROAD CORAL GABLES FL 33146 | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. | |
| | | | | 84. City | |
| | | | | 85. Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0102 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 | | RAFAEL I. ALDEREGUIA | | DATE 2/2/98 | |

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 11. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 12. NAME | P/M/S |
| STREET ADDRESS | | 13. STREET ADDRESS | ARMANDO R. ALDEREGUIA |
| CITY-ST-ZIP | | 14. CITY-ST-ZIP | 645 Bird Rd Coral Gables, FL 33146 |
| TITLE | <input type="checkbox"/> DELETE | 2.1. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2. NAME | RAFAEL I. ALDEREGUIA |
| STREET ADDRESS | | 2.3. STREET ADDRESS | 645 Bird Rd Coral Gables, FL 33146 |
| CITY-ST-ZIP | | 2.4. CITY-ST-ZIP | 645 Bird Rd Coral Gables, FL 33146 |
| TITLE | <input type="checkbox"/> DELETE | 3.1. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2. NAME | VT |
| STREET ADDRESS | | 3.3. STREET ADDRESS | LUIS M. D'ELIA |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | 645 Bird Rd Coral Gables, FL 33146 |
| TITLE | <input type="checkbox"/> DELETE | 4.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2. NAME | |
| STREET ADDRESS | | 4.3. STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4. CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2. NAME | |
| STREET ADDRESS | | 5.3. STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4. CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2. NAME | |
| STREET ADDRESS | | 6.3. STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4. 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 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 to this report.

SIGNATURE: *Armando R. Aldereguia* **ARMANDO R. ALDEREGUIA** **2/2/98** **(305) 441-9906**

CR2E034 (10/97)