


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

FILED
Feb 05 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000066162 (3)
 1. Corporation Name
COMPUTER IMAGING TECHNOLOGIES, INC.



| | |
|---|---|
| Principal Place of Business PO BOX 171238 MIAMI FL 33017-1238 | Mailing Address PO BOX 171238 MIAMI FL 33017-1238 |
|---|---|

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
07/30/1997

4. FEI Number
65-0786351 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CASTANO, DANIELA
7010 N.W. 186TH STREET APT. 110
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASTANO, CARLOS | |
| STREET ADDRESS | PO BOX 171238 | |
| CITY-ST-ZIP | MIAMI FL 33017-1238 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASTANO, JUANA | |
| STREET ADDRESS | PO BOX 171238 | |
| CITY-ST-ZIP | MIAMI FL 33017-1238 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASTANO, DANIELA | |
| STREET ADDRESS | PO BOX 171238 | |
| CITY-ST-ZIP | MIAMI FL 33017-1238 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASTANO, CARLOS G | |
| STREET ADDRESS | PO BOX 171238 | |
| CITY-ST-ZIP | MIAMI FL 33017-1238 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | C.E.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CARLOS CASTANO |
| 1.3 STREET ADDRESS | P.O. BOX 171238 |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33017-1238 7010 NW 186ST #110 MIAMI FL 33015 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY-ST-ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. 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 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:  **CARLOS CASTANO** 01/12/98

CR2E034 (10/97)