


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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90087 004 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P97000066162**

1. Corporation Name  
**COMPUTER IMAGING TECHNOLOGIES, INC.**



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

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 2. Principal Place of Business<br>21 <b>PO BOX 720308</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 <b>P.O. Box 720308</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>07/30/1997</b>   |  |
| 22   |  | 27  |  | 4. FEI Number<br><b>65-0786351</b>   |  |
| 23 <b>Miami, FL</b>  |  | 28 <b>Miami, FL</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      |  |
| 24 <b>33172-0006</b> 25  |  | 29 <b>33172-0006</b> 30   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                   |  |
|  |  |   |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **Castano Daniela**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3616 Alcantara Ave.**  
 83  
 84 City **Miami** FL 85 Zip Code **33178**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | CEO                        | <input type="checkbox"/> DELETE |
| NAME           | <b>CASTANO, CARLOS</b>     |                                 |
| STREET ADDRESS | <b>7010 NW 186 ST #110</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33015</b>      |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>CASTANO, JUANA</b>      |                                 |
| STREET ADDRESS | <b>PO BOX 171238</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33017-1238</b> |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>CASTANO, DANIELA</b>    |                                 |
| STREET ADDRESS | <b>PO BOX 171238</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33017-1238</b> |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>CASTANO, CARLOS G</b>   |                                 |
| STREET ADDRESS | <b>PO BOX 171238</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33017-1238</b> |                                 |
| 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          | <b>P</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Castano, Carlos</b>      |  |
| 1.3 STREET ADDRESS | <b>3616 Alcantara Ave.</b>  |  |
| 1.4 CITY-ST-ZIP    | <b>Miami, FL 33178</b>      |  |
| 2.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Castano, Juana</b>       |  |
| 2.3 STREET ADDRESS | <b>P.O. Box 720308</b>      |  |
| 2.4 CITY-ST-ZIP    | <b>Miami, FL 33172-0006</b> |  |
| 3.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Castano, Daniela</b>     |  |
| 3.3 STREET ADDRESS | <b>PO Box 720308</b>        |  |
| 3.4 CITY-ST-ZIP    | <b>Miami, FL 33172-0006</b> |  |
| 4.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>Castano, Carlos G.</b>   |  |
| 4.3 STREET ADDRESS | <b>P.O. Box 720308</b>      |  |
| 4.4 CITY-ST-ZIP    | <b>Miami, FL 33172-0006</b> |  |
| 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 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, with another like empowered.

SIGNATURE: *Carlos G. Castano* **03/16/99** **305-593-6555**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR20634 (11/99)