

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90004 042 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **589878** ✓
 1. Corporation Name

CETMA CORPORATION



Principal Place of Business

100 SE 2ND STREET STE 3400
 MIAMI FL 33131
 US

Mailing Address

P.O. BOX 522450
 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1978

2. Principal Place of Business

21 10200 OLD CUTLER RD

2a. Mailing Address

26 10200 OLD CUTLER RD

4. FEI Number

59-1854190

Applied For

Not Applicable

Suite, Apt. #, etc.

22 0

Suite, Apt. #, etc.

27 0

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33156

Country

25 MIAMI-DADE

Zip

29 33156

Country

30 MIAMI-DADE

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

BONNER, LAWRENCE R.
 100 SE 2ND STREET STE 3400
 MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME BETANCOURT, HECTOR J.
 STREET ADDRESS 100 SE 2ND STREET STE 3400
 CITY-ST-ZIP MIAMI FL 33131

TITLE ST DELETE

NAME BETANCOURT, MONICA S.
 STREET ADDRESS 100 SE 2ND STREET STE 3400
 CITY-ST-ZIP MIAMI FL 33131

TITLE V DELETE

NAME MARTIN, ERNESTO R.
 STREET ADDRESS 100 SE 2ND STREET STE 3400
 CITY-ST-ZIP MIAMI FL 33131

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME Change Addition

1.2 NAME SAME
 1.3 STREET ADDRESS 10200 OLD CUTLER RD
 1.4 CITY-ST-ZIP CORAL GABLES, FL 33156

2.1 TITLE SAME Change Addition

2.2 NAME SAME
 2.3 STREET ADDRESS 10200 OLD CUTLER RD
 2.4 CITY-ST-ZIP CORAL GABLES, FL 33156

3.1 TITLE SAME Change Addition

3.2 NAME SAME
 3.3 STREET ADDRESS 7911 LOS PINOS CIRCLE
 3.4 CITY-ST-ZIP CORAL GABLES, FL 33143

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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: *H. J. Betancourt* PRESIDENT

7/27/99

305-667-6059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)