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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 620139

CHEMICALS OF THE FUTURE, INC.

Principal Place of Business		Mailing Ad	Mailing Address				I (EBITO BISTO LIBIT BOTHS HOUSE CHILD LIBIT BIBIT BIBIT BIBIT BIBIT	,,
POST OFFICE BOX 366496		6401 SW 8	6401 SW 87TH AVE.					
SAN JUAN PR 00936			SUITE 204 MIAMI FL 33173				DO NOT WRITE IN THIS SPACE	
		MIAMI FL 3	3173				3. Date Incorporated or Qualified	\neg
							04/16/1979	
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For	
21		<u> </u>	26				-59-1899956 Not Applicat	ole
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	_ \$8.75 Additional	\neg
22		27	27				5. Certifcate of Status Desired Fee Required	
City & Stat	e	City &	State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	_
Zip Country		Zip	<u> </u>		ountry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes No	4
	9. Name and Address of Cur	rent Registered A	gent	8	4	Nama	10. Name and Address of New Registered Agent	
1404	OBS & CARNEY, CPA'S			*	'	Name		
	SW 87TH AVE., #204					Street Addre	ess (P.O. Box Number is Not Acceptable)	
	AI FL 33173			8	-			\dashv
141670	MITE 33173			°	1			
				8	4	City	FL 85 Zip Code	
<u>-</u>		2500 1 007 1500	Florido Chokok	a tha aba		named corne	oration submits this statement for the purpose of changing its registere	\vdash
office or r	egistered agent, or both, in the Sta	ate of Florida. Such	i change was ai	uthorized b	y th	ne corporatio	on's board of directors. I hereby accept the appointment as registered	_
agent. I a	m familiar with, and accept the obl	igations of, Sectior	1 607.0505, Flor	ida Statute	es.			
SIGNATURE	Signature, typed or printed name of registered	agent and title of conficable	/NOTE:	Pagistered An	ent s	sionatura required	d when reinstating) DATE	ĺ
42	_ 	AND DIRECTORS		13.	OIA C	aignataro roquiros	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD		DELETÉ	1.1 TITLE			☐ Change ☐ Add	
NAME	COLLAZO, JOSE			1.2 NAME				
STREET ADDRESS	6401 SW 87 AVE. #204			1.3 STRE	ETA	NDDRESS		-
CITY-ST-ZIP	MIAMI FL 33173				1.4 CITY-ST-ZIP			Ì
TITLE	VD		DELETE	2.1 TITLE			☐ Change ☐ Addi	tion
NAME	COLLAZO INSET			2.2 NAME			and the same of th	
STREET ADDRESS	150 SE 28RD, 11-G	25RD		2.3 STRE	ETA	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129			2.4 CITY	-ST-	- ZIP		1
TITLE	TD		DELETE	3.1 TITLE			☐ Change ☐ Add	tion
NAME			3	3.2 NAME	Ε			
STREET ADDRESS	COLLAZO, CRISTINA	SO SE 25^	0(11.4)	3.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129	-	,	3.4. CITY	-ST-	- ZIP	·	
TITLE			☐ DELETE	4.1 TITLE	:		☐ Change ☐ Add	ition
NAME				4. 2 NAM	E			
STREET ADDRESS				4.3 STRE	ETA	ADDRESS		
CITY-ST-ZIP				4.4 CiTY	ST-	ZIP		
TITLE			DELETE	5.1 TITLE	:		Change Add	tion
NAME				5.2 NAME	Ē			
STREET ADDRESS				5.3 STRE	ETA	ADDRESS		
CITY-ST-ZIP				5.4 CITY-	ST-	ZIP		
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Add	ition
NAME				6.2 NAMI	E			ļ
CTREET ANDRESS				6.3 STRE	ET A	ADDRESS		- 1

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90127 017 ***150.00