

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **682912** (1)
1. Corporation Name
SCITECH CORP.



Principal Place of Business C/O 21 TECH 10800 BISCAYNE BLVD STE 310 MIAMI FL 33161 US	Mailing Address C/O ARTA, 611 WILSHIRE BLVD. STE 1001 LOS ANGELES CA 90017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o J. Cierva, 260 Crandon Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/23/1980
22 32-244		27		4. FEI Number 59-2029498
23 Key Biscayne, FL		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33149		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DE LA CIERVA, JUAN #141 CRANDON BLVD., APT #128 KEY BISCAYNE FL 33149		10. Name and Address of New Registered Agent	
81 Name De la Cierva, Juan		82 Street Address (P.O. Box Number is Not Acceptable) 260 Crandon Blvd., Ste. #32-244	
83		84 City Key Biscayne	
85 Zip Code 33149		86	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, ADOLF A.(CHR)	1.2 NAME	
STREET ADDRESS	611 WILSHIRE BLVD STE 1001	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CIERVA, JUAN	2.2 NAME	DE LA CIERVA, JUAN
STREET ADDRESS	141 CRANDON BLVD #128	2.3 STREET ADDRESS	260 CRANDON BLVD., STE. #32-244
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CIERVA, ELOISA	3.2 NAME	DE LA CIERVA, ELOISA
STREET ADDRESS	141 CRANDON BLVD #128	3.3 STREET ADDRESS	260 CRANDON BLVD., STE. #32-244
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	ASD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, RUTH	4.2 NAME	Perlmutter, Ruth
STREET ADDRESS	611 WILSHIRE BLVD, STE 1001	4.3 STREET ADDRESS	611 WILSHIRE BLVD., STE 1001
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	LOS ANGELES, CA 90017
TITLE		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		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 with an address.

SIGNATURE:

ADOLF A. PERLMUTTER 4/27/98 (213)627-7444

CR2E034 (10/97)