

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003581 (4)

1. Corporation Name

BITUMEN TECHNOLOGIES, INC.

Principal Place of Business

6706 BENJAMIN RD  
SUITE 400  
TAMPA FL 33634

Mailing Address

6706 BENJAMIN RD  
SUITE 400  
TAMPA FL 33634



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

3. Date Incorporated or Qualified	3a. Date of Last Report
08/10/1995	
4. FEI Number	Applied For
64-0793904	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GONZALEZ, ALICE 6706 BENJAMIN RD SUITE 400 TAMPA FL 33634		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 (if not an individual)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	V
NAME	SANCHEZ-MARCOS, ELPIDIO	1.2 NAME	ALEJANDRO FONT
STREET ADDRESS	6706 BENJAMIN RD, SUITE 400	1.3 STREET ADDRESS	6706 Benjamin Rd. Suite 400
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	Tampa, Fl. 33634
TITLE	D	2.1 TITLE	
NAME	RUIZ, ANGEL	2.2 NAME	
STREET ADDRESS	6706 BENJAMIN RD, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GARCIA, ROBERTO	3.2 NAME	
STREET ADDRESS	6706 BENJAMIN RD, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	LUZAR, JOSEPH J	4.2 NAME	
STREET ADDRESS	6706 BENJAMIN RD, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	GONZALEZ, ALICE	5.2 NAME	
STREET ADDRESS	6706 BENJAMIN RD, SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice Gonzalez

April 4, 1996

813-8867893

Date

Daytime Phone #

CR2E034 (12/95)