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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500003581 (4)

BITUMEN TECHNOLOGIES, INC.

FILED							
Apr 17 1997 8:00am							
Secretary of State							

EII ED



Pencipal Place	e of Business	Mailing Addres	Mailing Address			I TODINDO ITAN TOTAL BANK BANK BOILL BOILL BOILL BOILL BOILL BOILD THE LAND		
6706 BENJAMIN	I RD	6706 BENJAMIN	RD			ļ		
SUITE 400		SUITE 400	****					
TAMPA FL 3363	34	TAMPA FL 33634	1-4418			3. Date Incorporated or Qualified 08/10/1995	3s. Date of Last Report 05/01/1996	
2. Principal Pl	lace of Business	2a. Mailing Add	dress			4. FEI Number	Applied For	
21		26	26			64-0793904	Not Applicable	
Suite, Apt	#, etc	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	27			Or Continue of Clarge Departed	Fee Required	
City & State	е	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Ζφ 	Country	Zip	<b>├</b>	Country		8. This corporation has tiability for i	ntangible tax under s. 199.032, Yes No	
24	9, Name and Address of Cur	29	30	- 1		Florida Statutes L.  10. Name and Address of New Re	<u> </u>	
		IBIII Nafileranan Maaiir		81	Name		Marai and Marai	
	GONZALEZ, ALICE							
	6706 BENJAMIN RD			82	Stree	t Address (P.O. Box Number is Not Acceptab	le)	
SUITE 400				83				
LAM	PA FL 33634							
				84	City		FL 85 Zip Code	
44 Diversional	to the provisions of Sections 607	0509 and 607 1508 Flor	rida Statutae t	he abov	-name	d corporation submits this statement for the r		
office or r	registered agent, or both, in the St	tate of Florida, Such cha	inge was author	orized by	the co	d corporation submits this statement for the proporation's board of directors. I hereby accept	of the appointment as registered	
agent. La	im familiar with, and accept the ot	oligations of, Section 60	7.0505, Florida	Statute	i.			
SIGNATURE	Signature: Typed or printed name of registered	Lanent and title it applicable	(NOTE: Rec	sistered Ao	ot signati	ure required when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TILE	CP		DELETE	1.1 TITLE			Change Addition	
NAME	SANCHEZ-MARCOS, ELPIDI	0		1.2 NAME				
STREET ADDRESS	ATAC PENEMENT DO CHITE 400			1.3 STREET ADDRESS				
C-TY - ST- ZIP	TAMPA FL 33634			1.4 CITY-5	T-ZIP			
ToTa E	D		DELETE	2.1 TITLE			Change Addition	
NAME	RUIZ, ANGEL			2.2 NAME				
STREET ADDRESS	6706 BENJAMIN RD, SUITE	400		2.3 STREET	ADDRES	s ]		
CHY-SI ZIP	TAMPA FL 33634			2. 4 CITY-	37 - ZIP			
TITLE	D		DELETE	3.1 TITLE		i	Change Addition	
NAME	GARCIA, ROBERTO			3.2 NAME				
STREET AUGRESS	6706 BENJAMIN RD, SUITE	400		3.3 STREE	ADDRES	S		
CITY-ST ZIP	TAMPA FL 33634		Severe .	3.4. CITY-	ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TOTLE	V	X <sup>1</sup>	DELETE	4.1 TITLE			Change  Addition	
NAME	ALEJANDRO FONT	TTF 400		4. 2 NAME				
STREET ADORESS	6706 BENJAMIN ROAD, SU	IIE 400		4,3 STREE				
CHY-ST 7IF	TAMPA FL		DELETE	4.4 CITY-	T-ZIP		Change Addition	
1-11.5	00074157 41405	L	DELETE	5.1 VITLE		VT	TRE change THE Modificit	
NAME	GONZALEZ, ALICE	400		5.2 NAME	inter-	GONZALEZ, ALICE		
STHEET ADDRESS	6706 BENJAMIN RD, SUITE	400		5.3 STREE		4 0,00 perijalimi ka. sar	te 400	
CHY-ST-ZP	TAMPA FL 33634	<del></del>	DELETE	5.4 CITY-	1 - Z(P	Tampa, Fl. 33634	Change Addition	
1111.F		L	PELLIL	61 TITLE			Fin ormitto Fin supplies	
NAME				62 NAME	ANDOSS			
STREET ADDRESS				63 STREE		`		
C11Y - S1 - 7IP	1	wheel with this files also	a ast suslifu to	64 CITY-		stated in Section 119 07/3Vi) Florida Statute	s. I further certify that the	

r do nereby certify that the information supplied with this ming does not qualify for the exemption stated in Section 119.07(3)(1), 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

813-886-7893

Daytime Phone #