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 # F96000002749 (7) 1. Corporation Name

GROUNDTEK INDUSTRY COMPANY LIMITED

Principal Place of Business Mailing Address 7545 E. TREASURE DR.. #9A 7545 E. TREASURE DR., #9A NORTH BAY VILLAGE NORTH BAY VILLAGE MIAMI FL 33141-4309 MIAMI FL 33141 3. Date incorporated or Qualified 3a. Date of Last Report 06/03/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0681020 94 •APPLIED FOR 94 Not Applicable Same as ABONE 26 SAME AS AROVE Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes R No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name GOMEZ, SANDRA H Same-DITTO 7545 E. TREASURE DR., #9A 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH BAY VILLAGE** 83 MIAMI FL 33141 84 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registeren agent and tipe if applicable (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OELETE Addition CD Change TITLE 1.1 TITLE LUARCA, VICTOR 1.2 NAME NAME 7545 E. TREASURE DR., #9A 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33141 1.4 CITY-ST-ZIP CITY-ST-7IP ___ Addition DELETE Change TITLE DS 2.1 TITLE GOMEZ, SANDRA H 2.2 NAME NAME 7545 E. TREASURE DR., #9A 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33141** 2 4 CITY - ST - ZIP CITY - S1 - ZIP DELETE CHAIRMAN Change Addition 3 1 TITLE TITLE HERRERA, CARMEN NAME 32 NAME SAME ADDRESS 7545 E. TREASURE DR., #9A 33 STREET ADDRESS STREET ADDRESS MIAMI FL 33141 3.4 CiTY-ST-7IP CITY - ST - ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-ZIP

SIGNATURE:

appears in Block 12 or Block

TITLE

NAME

STREET ADDRESS

CITY-\$1-7IP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment with an address

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 Vieyeceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #

Date

Addition

FILED

Feb 11 1997 8:00am

Secretary of State