SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1998

**DOCUMENT#** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

/41

1. Corporation	CETEC INDUSTRIES, INC.	(1)					
Principal Place	e of Business	Mailing Address			I CONTROL AND CONTROL ON THE CONTROL OF THE CO	I BIBN BIBN BIBN BIBN BIBN (89)	
451 NE 189TH MIAMI FL 3317 US	STREET	451 NE 189TH STREET Miami FL 33178 US			DO NOT WRITE IN TH	IIS <b>S</b> PACE	
					3. Date incorporated or Qualified 06/05/1987		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0175663	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zıp	Counti	ry	This corporation owes or has paid the c Personal Property Tax due June 30.	urr <b>en</b> t year Intangible Yes No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registers	d Agent	
KANTOR, SEYMOUR 451 NE 1897H STREET				1 Name		_	
MIAMI FL 33179				2 Street Add	Address (P.O. Box Number is Not Acceptable)		
				83			
			8-	4 City	F	85 Zip Code	
11. Pursuant office or agent. I a					poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered continent as registered	
12.		nt and title if applicable. (NOTE	: Registered	Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12	
TITLE	PSD OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	7	
NAME	KANTOR, SEYMOUR	[] DELETE	1.2 NAME			Change Addition	
STREET ADDRESS	451 N.E. 189TH STREET			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-5	ST-ZIP			
TITLE	ν	DELETE	2.1 TITLE			Change Addition	
NAME	RON, GIL		2.2 NAME	1			
STREET ADDRESS	451 N.E. 189TH STREET MIAMI FL 33179			ET ADDRESS			
CITY-ST-ZIP			2.4 CITY-5				
NAME I		DELETE	3.1 TITLE 3.2 NAME	i	•	Change Addition	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4 CITY-5				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME			T Amerika C Montroll	
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		F-1	4.4 CITY-5				
TITLE I		I DELETE	51 TITLE	I		Change T Addition	

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this fing 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 acceiver it 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 acceptance with an entress.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

6.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

(305)651-3211

Change Addition

**FILED** 

Aug 26 1998 8:00am

Secretary of State