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PROFIT **CORPORATION ANNUAL REPORT** 1998 **DOCUMENT #**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

KROOQQ

(4)

FILED Mar 30 1998 8:00am Secretary of State

PROMITEX, INC.	• • • • • • • • • • • • • • • • • • • •			
THOMITEA, INO.			1 18 TO BEN 18 18 18 18 18 18 18 18 18 18 18 18 18	ANNI ANNIA REASTA MINNI ANNIA MANDA MANDA ANNIA
Principal Place of Business	Mailing Address			TANT ALOLI EIRIK AIDIN DIDIK OLDIR ESDIN 1881
7156 SW 47TH ST	7156 SW 47TH ST			
MIAMI FL 33155 MAIMI FL 33155			DO NOT INDITE IN THIS SPACE	
UŠ	US			E IN THIS SPACE
			3. Date Incorporated or Qualified 04/21/1989	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0118945	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has g	eaid the current year Intangible
24 25	29	30	Personal Property Tax due Jun	
9, Name and Address of Current	Registered Agent	81 Name /	10. Name and Address of New R	
GAIER, ROBER TO E.			OBERTO E. GA	IER
7158 SW 47 ST		82 Street Addr	ress (P.O. Box Number is Not Accepted	ble)
MIAMI FL 33155-1630		83	000 SW 92 M	VENUE
		63		
		84 City 1	IAMI	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607 1508. Florida Statut			purpose of changing its registered
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familia, with, and accept the objigation 	of Florida, Such change was	authorized by the corporat	tion's board of directors. I hereby acce	ept the appointment as registered
agent, i am iamiliar with, and accept the beinga	tions of socilowour room, Ek	onga Statutes.		-I /
	The state of the s	_		
SIGNATURE TO MA ATTENDED		E: Registered Agent signature requir		ATE SALE
	it and little if applicable (NOT DIRECTORS	<u> </u>		MIE .
SIGNATURE Of planted harve of registered by 12. OFFICERS AND TITLE	it and title if applicable (NOT	E: Registered Agent signature requir	red when reinstaling)	MIE .
SIGNATURE Adjust typed or plinted harve of registered by the state of	it and little if applicable (NOT DIRECTORS	E Registered Agent signature requir	red when reinstaling)	DATE ICERS AND DIRECTORS IN 12
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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.