


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90038 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K 822994

1. Corporation Name

Promitex, Inc.



Principal Place of Business

2220 Orange Street
Oviedo FL 32765

Mailing Address

P.O. Box 621239
Oviedo, FL
32762-1239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0118945	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

 Roberto E. Gaier
 P.O. Box 621239
 Oviedo, FL 32762-1239

10. Name and Address of New Registered Agent

81 Name	Robert E. Gaier
82 Street Address (P.O. Box Number is Not Acceptable)	2220 Orange Street
83	
84 City	Oviedo
85 Zip Code	FL 32765

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 ROBERTO E. GAIER

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

2/2/1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Roberto E. Gaier
STREET ADDRESS		1.3 STREET ADDRESS	1638 River Edge Road
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Oviedo, FL 32766 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Sec/Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Siomara Perez de Carhu
STREET ADDRESS		2.3 STREET ADDRESS	1638 River Edge Road
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Oviedo, FL 32766 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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, with a letter like empowered.

SIGNATURE:

 SIOMARA PEREZ DE CARHU
 Siomara Perez de Carhu

 Feb. 2, 1999 (407) 977-8596
 Date Telephone #

CR2E034 (11/98)