FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28 1996 8:00 am
Secretary of State

DOCUMENT # **L69155** **(4)**

1. Corporation Name
SECOMTEC CORP.

Principal Place of Business	Mailing Address
7586 NW 70TH ST. MIAMI FL 33166-2816	7586 NW 70TH ST. MIAMI FL 33166-2816

2. Principal Place of Business	2a. Mailing Address
21 7586 NW 70 ST	26 7586 NW 70 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Miami, FL	27 Miami, FL
City & State	City & State
23 33166	28 33166
Zip / Country	Zip / Country
24 / 25 USA	29 / 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/27/1990	03/22/1995
4. FEI Number: 65-0191504	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

VALDERRAMA, HERNAN
16223 NW 82ND PLACE
MIAMI FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUCIANA, COLETTA		1.2 NAME		
STREET ADDRESS	16223 NW 82ND PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		1.4 CITY ST ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUCIANA, COLETTA		2.2 NAME		
STREET ADDRESS	16223 NW 82ND PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		2.4 CITY S ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VALDERRAMA, HERMAN		3.2 NAME		
STREET ADDRESS	16223 NW 82ND PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 5-14-96 (305) 883-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #