
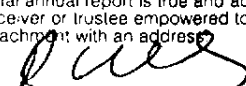


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L69155 1. Corporation Name <b>SECOMTEC CORP.</b>			
Principal Place of Business <b>7586 NW 70TH ST MIAMI, FL. 33166</b>		Mailing Address <b>7586 NW 70TH ST MIAMI, FL. 33166</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>7586 NW 70TH ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, FLORIDA</b> Zip Country 24 <b>33166</b> 25 <b>US</b>		2a. Mailing Address 26 <b>7586 NW 70TH ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FLORIDA</b> Zip Country 29 <b>33166</b> 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>VALDERRAMA, HERNAN 16223 NW 82ND PLACE MIAMI, FL. 33018</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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's signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	11. TITLE	<b>P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCIANA COLETTA</b>	12. NAME	<b>LUCIANA COLETTA</b>
STREET ADDRESS	<b>16223 NW 82ND PLACE</b>	13. STREET ADDRESS	<b>16223 NW 82ND PLACE</b>
CITY-ST-ZIP	<b>MIAMI, FL. 33016</b>	14. CITY-ST-ZIP	<b>MIAMI, FL. 33016</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCIANA COLETTA</b>	22. NAME	
STREET ADDRESS	<b>16223 NW 82ND PLACE</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL. 33016</b>	24. CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	31. TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDERRAMA, HERNAN</b>	32. NAME	<b>VALDERRAMA, HERNAN</b>
STREET ADDRESS	<b>16223 NW 82ND PLACE</b>	33. STREET ADDRESS	<b>16223 NW 82ND PLACE</b>
CITY-ST-ZIP	<b>MIAMI, FL. 33016</b>	34. CITY-ST-ZIP	<b>MIAMI, FL. 33016</b>
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-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.			
SIGNATURE: 		LUCIANA COLETTA 4/28/98 (305)883-7722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)