

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90047 044 \*\*\*150.00

DOCUMENT # M31710

1. Corporation Name  
CARTEK INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2513 NW 74 AVE. 2513 NW 74 AVE.  
MIAMI FL 33122 MIAMI FL 33122  
US US

2. Principal Place of Business 2a. Mailing Address  
26 Suite, Apt. #, etc. Suite, Apt. #, etc.  
27 City & State City & State  
28 Zip Country Zip Country  
25 29 30

3. Date Incorporated or Qualified  
05/08/1986  
4. FEI Number Applied For  
59-2668051 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
BANCHS, EMILIO  
16583 NW 83RD PLACE  
HIALEAH 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 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	D BANCHS, EMILIO 16583 NW 83 PLACE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE
<input type="checkbox"/> DELETE	S HERRERA, TATIANA 1865 BRICKELL AVE., APT A414 MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
<input type="checkbox"/> DELETE			1.3 STREET ADDRESS
<input type="checkbox"/> DELETE			1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			2.1 TITLE
<input type="checkbox"/> DELETE			2.2 NAME
<input type="checkbox"/> DELETE			2.3 STREET ADDRESS
<input type="checkbox"/> DELETE			2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			3.1 TITLE
<input type="checkbox"/> DELETE			3.2 NAME
<input type="checkbox"/> DELETE			3.3 STREET ADDRESS
<input type="checkbox"/> DELETE			3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			4.1 TITLE
<input type="checkbox"/> DELETE			4.2 NAME
<input type="checkbox"/> DELETE			4.3 STREET ADDRESS
<input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			5.1 TITLE
<input type="checkbox"/> DELETE			5.2 NAME
<input type="checkbox"/> DELETE			5.3 STREET ADDRESS
<input type="checkbox"/> DELETE			5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			6.1 TITLE
<input type="checkbox"/> DELETE			6.2 NAME
<input type="checkbox"/> DELETE			6.3 STREET ADDRESS
<input type="checkbox"/> DELETE			6.4 CITY-ST-ZIP

CR2E034 (1/98)

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 which is otherwise like empowered.

SIGNATURE: ~~NATIVE REQUIRED~~ 1-5-99 305 592 8588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #