

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

FILED  
Apr 22 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 # M67849 (3)  
1. Corporation Name  
MULTITEK, INC.



Principal Place of Business  
C/O JOAQUIM CARVALHO MENDES BRAGANCA  
481 E COMMERCIAL BLVD  
FT. LAUDERDALE FL 33334

Mailing Address  
C/O JOAQUIM CARVALHO MENDES BRAGANCA  
481 E COMMERCIAL BLVD  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 C/O JOAQUIM CARVALHO MENDES BRAGANCA  
Suite, Apt. #, etc.  
22 9321 NW 31 PLACE  
City & State  
23 SUNRISE, FL.  
Zip  
24 33351 Country  
25 USA

2a. Mailing Address  
26 C/O JOAQUIM CARVALHO MENDES BRAGANCA  
Suite, Apt. #, etc.  
27 9311 NW 31 PLACE  
City & State  
28 SUNRISE, FL.  
Zip  
29 33351 Country  
30 USA

3. Date Incorporated or Qualified  
02/11/1988

4. FEI Number  
65-0025070

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAGANCA, JOAQUIM CARVALHO MENDES  
9321 NW 31 PLACE  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BRAGANCA, JOAQUIM C. M.	1.2 NAME	
STREET ADDRESS	9321 NW 31 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BRAGANCA, MARIA ALINE M.	2.2 NAME	
STREET ADDRESS	9321 NW 31 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

Braganca

Apr 11 1998

CR2E034 (10/97)