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

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -1 PM 1:07

DOCUMENT # M88666

1. Corporation Name
GLENTEK INC.

Principal Place of Business
~~7175 SW 8TH ST.~~
~~SUITE #208~~
~~MIAMI FL 33144~~

Mailing Address
~~7175 SW 8TH ST.~~
~~SUITE #208~~
~~MIAMI FL 33144~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1988

4. FEI Number
65-0275862
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 6362 NW 82nd AVE.
Suite, Apt #, etc
22
City & State
23 Miami, FL
Zip 24 33166 Country 25 USA

26. Mailing Address
26 6362 NW 82nd AVE.
Suite, Apt #, etc
27
City & State
28 Miami, FL
Zip 29 33166 Country 30 USA

9. Name and Address of Current Registered Agent
~~FRESCO, JOHN M.~~ Michael G. Fresco
~~9971 SW 16 STREET~~ 2014 SW 147 Ave.
~~MIAMI FL 33165~~ 33175

10. Name and Address of New Registered Agent
81 Name ~~[illegible]~~ Alberto A. Lafritte
82 Street Address (P.O. Box Number is Not Acceptable) ~~[illegible]~~ 1001 W 55 Place
83
84 City ~~[illegible]~~ Hialeah FL 85 Zip Code 33012

11. Pursuant to the provisions of Sections 607.0505 or 1607.1508, 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 X Alberto A. LAFFITTE X [signature]
(Signature of a Newly Appointed Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PST	[ ] DELETE
NAME	CRUZAT, FRANCISCO	
STREET ADDRESS	9971 SW 16 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	[ ] DELETE
NAME	CRUZAT, FRANCISCO	
STREET ADDRESS	9971 SW 16 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PST	[ ] DELETE
NAME	Michael G Fresco	
STREET ADDRESS	2014 SW 147 Ave.	
CITY-ST-ZIP	Miami, Fl. 33175	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	[X] Change [ ] Addition
1.2 NAME	Michael G. Fresco	
1.3 STREET ADDRESS	2014 SW 147 Ave.	
1.4 CITY-ST-ZIP	Miami, Fl. 33175	
2.1 TITLE	PST	[ ] Change [X] Addition
2.2 NAME	Alberto A Lafritte	
2.3 STREET ADDRESS	1001 W 55th Place	
2.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 all other like empowered.

SIGNATURE: X Alberto A LAFFITTE X [signature] 9-30-99 (305) 437-8244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #