SIGNATURE AND TIPE DOR PROPERTY NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT						
DOCUMENT # P02000053046					FILED	
1. Entity Name					φ. 12.44	
GRUPO EVITEC CORPORATION				)  0	4 JUN 14 PM 3: 10	
			7 N			
	I		9 500 W1 110	_51	-CRETARY OF STATE	
Principal Place of Business Mailing Address				T IAL	CRETARY OF STATE LAHASSEE, FLORIDA	
2758 W ATLANTIC BLVD #5 2758 W ATLANTIC BLVD #		N #5		- COMON		
POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33						
			00000			
2. Principal P	lace of Business	3. Mailing Address				
10 P				1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012003 Chg-P	CR2E034 (10/03)	
Ch. 4 Char		City & Charles	City & State		L Applied For	
City & State		Only & State		4. FEI Number 01-0706755	Applied For	
Zìp	Country	- Zip	Country	1 01-0700733	Not Applicable \$8.75 Additional	
2.15	333.37		<b>3</b>	5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New	Registered Agent		
			Name			
PANTOJA,	PANTOJA PEDRO					
	2758 W ATLANTIC BLVD #5			Street Address (P.O. Box Number is Not Acceptable)		
POMPANO BEACH, FL 33069						
	2					
			City		FL Zip Code	
8 The above	named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in the State of f		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
	1					
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registored Agent signature requir	red when reinstaling)	DATE .	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the						
	ue by September 8, 2004	Trust Fund Cont	· · · ·		d not receive the prior notice.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE	D 1	☐ Delete	TITLE	······································	Change Addition	
NAME OTREET ADDRESS			NAME STREET ADDRESS	100-1111111111111111111111111111111111	8 <b>101</b> 393 003017 **150.00	
STREET ADDRESS CITY-ST-ZIP	COL ATLAMPA C.P. 06450MEXI	CITY-ST-ZIP	02/21/0401	1172(111 **120"f10		
TITLE	D GONZALĖZ, JACOBO J	☐ Delete	TITLE NAME		Change Addition	
NAME STREET ADDRESS	AV. INSURGENTES NORTE #47	6_60 <i>A</i>	STREET ADDRESS			
CITY-ST-ZIP	COL ATLAMPA C.P. 06450MEXI		CITY-ST-ZIP			
	D /		TITLE		☐ Change ☐ Addition	
TITLE NAME	PANTOJA, PEDRO	☐ Delete	NAME		Change C Addition	
STREET ADDRESS	22862 IRON WEDGE DR		STREET ADDRESS	•		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		ĺ	
TITLE		Delete	IITLE ====================================		Change Addition	
NAME		Service of the Property of the	NAME		divige Audidon ;	
STREET ADDRESS	ų	•	STRÉET ADDRESS	ž	İ	
CITY-ST-ZIP	'i		CITY-ST-ZIP			
TITLE	Ÿ.	☐ Delete	TITLE		Change Addition	
NAME			NAME		_ ,	
STREET ADDRESS			STREET ADDRESS		Ì	
CITY - ST- ZIP			CITY-ST-ZIP		<u> </u>	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	,		NAME			
STREET ADDRESS	a		STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes	s. I further certify that the information	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if						
changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 06/07/2004 (95)227-867						
SIGNATURE:  SIGNATURE AND TIPE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dale  Daytome Phone #						