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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 17 1997 8:00am

Secretary of State

NOCLOS (somure

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

## DOCUMENT # P92000010147 (6)

ORGANIC TECHNOLOGIES, INC. Principal Place of Business Mailing Address W MIGUEL M CONTALET, ESO. W MIGUEL M GONDALEG, EGO. 870 MINORGA AVE. OTE ( **670 MINORGA AVE. STE-5** OORAL GADLES FL 80194-4011 GABLES FL COISA 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0375343 21 26 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Cortificate of Status Desired P.O. BOX 585 P.O. BOX 585 Fee Required \$5.00 May Be 8. Election Campaign Financing MIAHI MIANL, FI Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 33233- WET 25 Florida Statutes Yes No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name GONZALEZ, MIGUEL M autonio Gisbert **370 MINOROA AVE** Street Add O. Box Number is Not Acceptable)

KNOLLWOOD DR 82 STE 5 83 CORAL-GABLES 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 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 dutorie Girha **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) of registered agent and title it applicable (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE CARRILLO, ENRIQUE A 1.2 NAME 2885 SW 3RD AVE, STE 100 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Addition 31 THEF Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 righter 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 at 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.