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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

DOCUMENT # P92000010147 (6) ORGANIC TECHNOLOGIES, INC.					
Principal Place	e of Business	Mailing Address			
P.O. BOX 585		P.O. BOX 585			
MIAMI FL 33233-0858 US		MIAMI FL 33233-0585 US		DO NOT WRITE IN THIS SPACE	
•		•		3. Date Incorporated or Qualified	
				12/03/1992	
	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0375343 Not Applicable	
Suite, Apt.	#, otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Security \$8.75 Additional	
City & State		City & State		Fee Required	
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	4		10. Name and Address of New Registered Agent	
GIS	BERT, ANTONIO		81 Name		
-211-KNOLLWOOD DR:			82 Street	I Address (P.O. Box Number is Not Acceptable) ち らんみゃり よみ4 りんしいと ま 501	
KEY BISCAYNE FL 33149				5 GRAND BAY DRIVE # 501	
83					
			84 City	85 Zip Code	
FL B 20000					
11. Pursuant to the provisions of Section, 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, if 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		DNID 61813ERT	VOIL Registered Agent signature	4/14/98	
12,	Signature, typed or printed mysic of registered agos OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TifLE	D	☐ DELETE	1.1 TITLE	Change Addition	
NAME	CARRILLO, ÉNRIQUE A		1.2 NAME		
STREET ADDRESS	2885 CW ORD AVE, STE 100		1.3 STHEET ADDRESS	1605 LENOX AV. #10 MIAMI BEACH , FL 33139	
CITY-\$T-ZIP	MIAMI-FL		1.4 CITY-ST-ZIP	MIAMI BEACH , FL 33139	
TITLE		☐ DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		C DELETE	3.1 TITLE	Change L. Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	Change Addition	
[. Stigling Stationer	
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME	_ • •	
STREET ADDRESS			5.3 STREET ADDRESS	1	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 THLE	Change Addition	
NAME			6.2 NAME	· ·	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7IP			6 & C(1 Y - S1 - 7)P		

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 of bodygled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an all achiment with an anothers.

SCHOLAND A LADDING

11/12/2

205/3/1-0820