

FILED  
Mar 31 1997 8:00am  
Secretary of State



DOCUMENT # P93000006349 (3)  
1. Corporation Name  
FASTEC SYSTEMS, INC.

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Zip                 |
| 24                             | Country             | 29                  | Country             |
| 25                             |                     | 30                  |                     |

**CAMPOS, FRED**  
7595 W. 14TH CT.  
HIALEAH FL 33014

|                                                                                                                                                                |  |                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>01/27/1993</b>                                                                                                         |  | 3a. Date of Last Report<br><b>01/31/1996</b> |  |
| 4. FEI Number<br><b>65-0382008</b>                                                                                                                             |  | Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      |  | <b>\$8.75</b> Additional<br>Fee Required     |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             |  | <b>\$5.00</b> May Be<br>Added to Fees        |  |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                              |  |

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

**DATA**

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY - ST - ZIP                                   |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY - ST - ZIP                                   |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY - ST - ZIP                                   |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY - ST - ZIP                                   |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY - ST - ZIP                                   |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY - ST - ZIP                                   |                                                                   |

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Campos

13-25-97 (305) 556-5500

Unite [page n° 1] [page n° 2]

0120175

CR2E034 (9/96)