

**\* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 \***

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**Reinstated AND FILED 1994-1995**

**95 MAY -1 AM 9:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

000001478640  
-05/08/95--01040--002  
\*\*\*200.00 \*\*\*200.00

1. Corporation Name  
**TINTEK INC.**

DOCUMENT #  
**P93000047313**

Mailing Address  
**1335 SW 87 AVE  
MIAMI, FL 33174**

Principal Place of Business  
**2474 SW 137 AVE  
MIAMI, FL 33175**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified  
**July 7, 1993**

3a. Date of Last Report

4. FEI Number  
**65-0421651**

Applied For  
Not Applicable

5. Certificate of Status Desired  
**\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution   
**\$5.00 May Be Added to Fees**

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Mailing Address  
21 **1335 SW 87 AVE**

2a. Principal Place of Business  
26 **2474 SW 137 AVE**

Suite, Apt. #, etc

22

27

City & State  
23 **MIAMI FL**

28 **MIAMI FL**

Zip Country  
24 **33174 U.S.**

25 **U.S.**

29 **33175**

30 **U.S.**

9. Name and Address of Current Registered Agent  
**RAGUEL LAU  
1335 SW 87 AVE  
MIAMI, FL 33174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PRES.</b>	1.2 NAME <b>RAQUEL LAU</b>	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS <b>1335 SW 87 AVE</b>	1.4 CITY-ST-ZIP <b>MIAMI, FL 33174</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE <b>VICE PRES</b>	2.2 NAME <b>HOWARD LEMUS</b>	2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS <b>1335 SW 87 AVE</b>	2.4 CITY-ST-ZIP <b>MIAMI, FL 33174</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <b>SECRETARY</b>	3.2 NAME <b>ROYD LEMUS</b>	3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS <b>1335 SW 87 AVE</b>	3.4 CITY-ST-ZIP <b>MIAMI, FL 33174</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

*Dissolution remove Due to a  
Typographical error. 5/1/95 MSL*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Royd Lemus** **12/20/94** **305 226-8333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR