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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047313 (0)
1. Corporation Name
TINTEK, INCORPORATED



Principal Place of Business: 1335 SW 87TH AVE MIAMI FL 33174
Mailing Address: 2474 SW 137TH AVE. MIAMI FL 33175-6330

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 04/10/1996
4. FEI Number: 65-0421651
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: LAU, RAQUEL, 1335 SW 87TH AVE, MIAMI FL 33174
10. Name and Address of New Registered Agent (81-85)

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 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, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	LAU, RAQUEL	1.1 TITLE	
NAME: LAU, RAQUEL		1.2 NAME	
STREET ADDRESS: 1335 S.W. 87TH AVE.		1.3 STREET ADDRESS	
CITY- ST- ZIP: MIAMI FL 33174		1.4 CITY- ST- ZIP	
TITLE: VP	LEMUS, HOWARD	2.1 TITLE	
NAME: LEMUS, HOWARD		2.2 NAME	
STREET ADDRESS: 1335 SW 87TH AVE.		2.3 STREET ADDRESS	
CITY- ST- ZIP: MIAMI FL 33174		2.4 CITY- ST- ZIP	
TITLE: S	LEMUS, ROYD	3.1 TITLE	
NAME: LEMUS, ROYD		3.2 NAME	
STREET ADDRESS: 1335 SW 87TH AVE		3.3 STREET ADDRESS	
CITY- ST- ZIP: MIAMI FL 33174		3.4 CITY- ST- ZIP	
TITLE: [] DELETE		4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP	
TITLE: [] DELETE		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP	
TITLE: [] DELETE		6.1 TITLE	
NAME:		6.2 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 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 empowered to execute this report as 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.

SIGNATURE: [Signature] DATE: 2/24/97 (305) 226-8333

CR2E034 (9/96)