SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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CORPORATION San			DEPARTMENT OF STATE dra B. Mortham		F11	_ED
ANNUAL REPORT Secretary of S			•	FIONE	1 1 5	and the last
1998 DIVISION OF CORPORATIONS					98 JUL 21	8 AN 6:51
1. Corporation	MENT # P93000	047313 (0)			SEC RETAL	DY OF STATE
TINTEK,	INCORPORATED	•			TALLAHAS	RY OF STATE See. Elorida
Principal Plac	e of Bus iness	Mailing Address			1996 10 10 10 10 10 10 10	AN 89 00 3300 1400 1400 1400 1400 1400 1400 1400 1
1335 SW 87TH AVE		2474 SW 137TH AVE.				**
MIAMI FL 83174		MIAMI FL 33175			DO NOT WRITE I	N THIS SPACE
	•				Date Incorporated or Qualified 07/07/1993	
	Place of Business	2a. Mailing Address	- 1		4. FEI Number	Applied For
21 2476 SW 137AV 28 2476 S Suite, Apt. #, etc. Suite, Apt. #, etc.			iw.	37 AV	65-0421651	Not Applicable \$8.75 Additional
22	n :				5. Certificate of Status Desired	Fee Required
City & Stat	AMI FL	City & State	FC		6. Election Campaign Financing Trust Fund Contribution	55.00 May Be Added to Fees
	Country Zip		Country		8. This corporation owes or has paid	the current year Intangible
24 351	9, Name and Address of Currer		30		Personal Property Tax due June 30 10. Name and Address of New Regi	
	, RAQUEL		8	Name		
	5 SW 87TH AVE NI FU 83174		82 Street Addr		iress (P.O. Box Number is Not Acceptable)	in the
enti-n	m 1 (8:	3		
	104 April 104 Ap		84	City		85 Zip Code
11. Pursuan	t to the provisions of sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named corpo	oration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of offinging its registered
office or agent. I	registered agent, or both, in the State am figmiliar with, and accept the oblig	of Florida. Such change was a ations of, section 607.0505, Flo	uthorized b rida Statute	y the corporat is.	tion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable, (NO	TE: Registered	Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 T(TLE		ADDITIONS/CHANGES TO OFFICE	
NAME	LAU, RAQUEL	L_] DELETE	1.2 NAME		9000028	Change Addition
STREET ADDRESS	1395 S.W. 87TH AVE.		1.3 STREET ADDRESS		+07/31/9	38- 3 01114003
CITY-ST-ZIP TITLE	VP.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		****15	1.00 ****150.00 Change Addition
NAME	LEMUS, HOWARD		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	1335 SW 87TH AVE.		2.3 STREE 2.4 CITY-5	T ADDRESS	lk 4.	
TITLE	S	DELETE	3.1 TITLE	,1-211		Change Addition
NAME STREET ADDRESS	LSMUS, ROYD 1835 SW 87TH AVE		3.2 NAME	T ADDRESS		
CITY-ST-ZIP	MAMI FL 33174		3.4 CITY-S	· 1		tracid management
TITLE	1	DELETE	4.1 TITLE			Change Addition
NAME STREET ADDRESS	# 44		4.2 NAME 4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u> </u>	
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME			Change Addition
STREET ADDRESS	We produce the second s			TADDRESS		Er jakine.
CITY-ST-ZIP	* 1	[*]	5.4 CITY-S 6.1 TITLE	T-ZIP		
NAME	The course of th	DELETE	8.2 NAME	سرا	2 2 -1	Change Addition
STREET ADDRESS	- Amparcial		6.3 STREET ADDRESS		B. 98AR 7/30	120 12162
14. I hereby o	l = ? ertify that the information supplied with	this filing does not qualify for th	6.4 CITY-S e exemptio		ction 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated an officer	on this annual report or supplemental or director of the corporation or the re	annual report is true and accuracely or trustee ampowered to	execute the	t my signature is report as re	e shall have the same legal effect as if mad equired by Chapter 607, Florida Statutes; a	te under oath; that I am nd that my name appears
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 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 excament with an address. SIGNATURE:						
SIGNAT	URE: X dua	and the same of th	JEST	1 /	+115198 BE	05) 2268333

July 13, 1998

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, FL 32302

Please note that there has been a change of address and I never received the original mailing, Please waive penalty.

TINTEK INCORPORATED

Howard Lemus, Vice-Pres