SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000070925 (1)

1. Corporation Name
INJECTION TECHNICAL CONTROL ITC, INC.

Principal Place of Business	Mailing Address
~~2451 BRICKELL AVE.~~ ~~SUITE 17F~~ ~~MIAMI FL 33129~~	~~PO BOX 45-4414~~ ~~MIAMI FL 33245~~ US

3. Date Incorporated or Qualified: 10/12/1993
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business
21: 8092 NW 67 St.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33166 25: Country: US.

2a. Mailing Address
26: 8092 NW 67 St.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33166 30: Country: US

4. FEI Number: 65-0448319 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

~~FERNANDEZ, CRISTINA~~
~~2451 BRICKELL AVENUE~~
~~SUITE 17-F~~
~~MIAMI FL 33129~~

10. Name and Address of New Registered Agent

81 Name: ALBERTO TESONE
82 Street Address (P.O. Box Number is Not Acceptable): 8092 NW 67 St.
83:
84 City: MIAMI FL 85 Zip Code: 33166

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: ALBERTO TESONE. DATE: 7/22/96.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SEGURA, JOSE ~~2451 BRICKELL AVE., STE. 17F~~ MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 8092 NW 67 St. MIAMI, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PLANAS, ANTON ~~2451 BRICKELL AVE., STE. 17F~~ MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 8092 NW 67 St. MIAMI, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOMEZ, ISIDRO ~~2451 BRICKELL AVE., STE. 17F~~ MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 8092 NW 67 St. MIAMI, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCA VILASECA, JOSE ~~2451 BRICKELL AVE., STE. 17F~~ MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition 8092 NW 67 St. MIAMI, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 800001907028 -07/29/96--01028--040 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 1-2 9-C12

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANTON PLANAS 7/22/96 305-599-3781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D15328? FR