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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -7 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037848 (6)

1. Corporation Name

CHEMICAL TECHNOLOGIES INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

~~598 NW 164 AVE~~
~~PEMBROKE PINES FL 33028~~

~~598 NW 164 AVE~~
~~PEMBROKE PINES FL 33028-1129~~

18331 Pines Blvd, Suite 136
Pembroke Pines, FL 33029

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABALLERO, ANA E
598 NW 164 AVE
PEMBROKE PINES FL 33028

Elliott Melamed

81 Name Elliott Melamed

82 Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd

83 Suite 262

84 City Miami

85 Zip Code FL 33181

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/1/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEWART, ROBERT G
STREET ADDRESS 598 NW 164 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

1.1 TITLE PD, VP, Sec
1.2 NAME ADRIANA LORENZO
1.3 STREET ADDRESS 18331 Pines Blvd, Suite 136
1.4 CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE VSD
NAME CABALLERO, ANA E
STREET ADDRESS 598 NW 164 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

4/28/97 (805)632-7460

CR2E034 (9/96)