

FILE NOW: FILING FEE AFTER MAY 1

FILED

May 22 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 # P94000091654C1 1. Corporation Name CLEST LA TEK, Inc.																																																																																																																																							
Principal Place of Business 10170 N.W. 24 COURT SUNRISE, FL 33322		Mailing Address 10170 N.W. 24 COURT SUNRISE, FL 33322																																																																																																																																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																																																																																																					
3. Date Incorporated or Qualified 12/19/1994		3a. Date of Last Report 4/29/1996																																																																																																																																					
4. F.I. Number 65-0542681		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 SANFORD SIEGEL 10170 N.W. 24 COURT SUNRISE, FL 33322		10. Name and Address of New Registered Agent 81 Name ROBERT SIEGEL 82 Street Address (P.O. Box Number is Not Acceptable) 10170 N.W. 24 COURT 83 SUNRISE, FL 84 City 85 Zip Code FL 33322																																																																																																																																					
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] ROBERT SIEGEL 3/14/97 Signature of officer or principal officer of registered agent and filer if applicable (NOTE: Registered Agent Signature required when reinstating)																																																																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>SIEGEL, SANFORD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10170 N.W. 24 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	☒ DELETE	NAME	SIEGEL, SANFORD		STREET ADDRESS	10170 N.W. 24 COURT		CITY-ST-ZIP	SUNRISE, FL		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition <table border="1"> <tr> <td>11 TITLE</td> <td>Director</td> <td></td> </tr> <tr> <td>12 NAME</td> <td>ROBERT SIEGEL</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td>10170 N.W. 24 COURT</td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td>SUNRISE, FL 33322</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>31 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>41 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>51 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>61 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		11 TITLE	Director		12 NAME	ROBERT SIEGEL		13 STREET ADDRESS	10170 N.W. 24 COURT		14 CITY-ST-ZIP	SUNRISE, FL 33322		21 TITLE		☐ Change ☐ Addition	22 NAME			23 STREET ADDRESS			24 CITY-ST-ZIP			31 TITLE		☐ Change ☐ Addition	32 NAME			33 STREET ADDRESS			34 CITY-ST-ZIP			41 TITLE		☐ Change ☐ Addition	42 NAME			43 STREET ADDRESS			44 CITY-ST-ZIP			51 TITLE		☐ Change ☐ Addition	52 NAME			53 STREET ADDRESS			54 CITY-ST-ZIP			61 TITLE		☐ Change ☐ Addition	62 NAME			63 STREET ADDRESS			64 CITY-ST-ZIP		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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] ROBERT SIEGEL 3/14/97 741-6848 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																							

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