1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000048099**

CYTEK RESOURCES, INC.

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90029 020 ***150.00

Mailing Address Principal Place of Business 2572 SW 69TH AVENUE 2572 SW 69TH AVENUE MIAM! FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/03/1996 4. FEI Number 2a. Mailing Address Applied For 2. Prir 65-0680003 Not Applicable Cytek Resources 21 Cytek Resources Suite 153-412 \$8.75 Additional Su Súite 153-412 5. Certifcate of Status Desired Fee Required 10201 Hammocks Blvd. 22 10201 Hammocks Blvd. Miami FI 33196 6. Election Campaign Financing \$5.00 May Be Miami FI 33196 Trust Fund Contribution Added to Fees 23 Zit 8. This corporation owes the current year Intangible Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent مالاي والوائم أدرياء GONZALEZ, JESUS R Street Address (P.O. Box Number is Not Acceptable) 82 2160 SW 137TH PLACE **MIAMI FL 33155** 83 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE LÓRENZO, CARLOS NAME 2572 SW 69TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition STD DELETE 2.1 TITLE Change TITLE LORENZO, DALIA 22 NAME NAME 2572 SW 69TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 4.10.00.0 CiTY-ST-ZIP 3.4. CITY-ST-ZIP ... Change DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ DELETE TITLE 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of the receiver or flustee expowered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)