

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90029 020 *****150.00



DO NOT WRITE IN THIS SPACE

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000048099 | | | | | |
| 1. Corporation Name CYTEK RESOURCES, INC. | | | | | |
| Principal Place of Business 2572 SW 69TH AVENUE MIAMI FL 33155 | | | Mailing Address 2572 SW 69TH AVENUE MIAMI FL 33155 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | |
| 21. Cytek Resources Suite 153-412 10201 Hammocks Blvd. Miami FL 33196 | | 2a. Cytek Resources Suite 153-412 10201 Hammocks Blvd. Miami FL 33196 | | | |
| 22. City | | 23. State | | | |
| 24. Zip | | 25. Zip | | | |
| 9. Name and Address of Current Registered Agent GONZALEZ, JESUS R 2160 SW 137TH PLACE MIAMI FL 33155 | | | | | |
| 10. Name and Address of New Registered Agent | | | | | |
| 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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 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 attachment with an address, with all other like empowered. | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)