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May 02 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 # P96000050809 (8)

1. Corporation Name
DOMUS TECTUS, INC.



Principal Place of Business
618 SANTANDER AVENUE STE 3
CORAL GABLES FL 33134

Mailing Address
618 SANTANDER AVENUE STE 3
CORAL GABLES FL 33134-6570

3. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report

2. Principal Place of Business
21 2785 TIGERTAIL AVE.

2a. Mailing Address
26 2785 TIGERTAIL AVE.

Suite, Apt. #, etc.
22 303

Suite, Apt. #, etc.
27 303

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

Zip
24 33133

Country
25 U.S.

Zip
29 33133

Country
30 U.S.

4. FEI Number
W-0678508

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

10. Name and Address of New Registered Agent

PONZOA, GUSTAVO J
618 SANTANDER AVENUE STE 3
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2785 TIGERTAIL AVENUE

83 SUITE 303

84 City MIAMI FL 85 Zip Code 33133

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) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS PONZOA, GUSTAVO J
CITY-ST-ZIP 618 SANTANDER AVENUE STE 3
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME MROZ, THOMASZ G
STREET ADDRESS 618 SANTANDER AVENUE STE 3
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2785 TIGERTAIL AVENUE, SUITE 303
1.4 CITY-ST-ZIP MIAMI, FL 33133

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2785 TIGERTAIL AVENUE, SUITE 303
2.4 CITY-ST-ZIP MIAMI, FL 33133

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: Gustavo J. Ponce GUSTAVO J. PONZOA 4-13-97 305-444-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)