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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050809 (8)

1. Corporation Name

DOMUS TECTUS, INC.

Principal Place of Business

2785 TIGERTAIL AVE  
#303  
MIAMI FL 33133  
US

Mailing Address

2785 TIGERTAIL AVE.  
#303  
MIAMI FL 33133  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

65-0678508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 19 SALAMANCA AVE. 3

Suite, Apt. #, etc.

22 SUITE 3

City & State

23 CORAL GABLES FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 19 SALAMANCA AVE

Suite, Apt. #, etc.

27 SUITE 3

City & State

28 CORAL GABLES FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

PONZOA, GUSTAVO J  
2785 TIGERTAIL AVE.  
STE. 303  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

MROZ, TOMASZ G.

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

19 SALAMANCA AVE

83

SUITE 3

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

*Thomas Mroz*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

MARCH 29<sup>TH</sup>, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D  
PONZOA, GUSTAVO J  
STREET ADDRESS 2785 TIGERTAIL AVE., STE. 303  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D  
MROZ, THOMASZ G  
STREET ADDRESS 2785 TIGERTAIL AVE., STE. 303  
CITY-ST-ZIP MIAMI 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

*Thomas Mroz*

MARCH 29<sup>TH</sup>, 1998 305.870.2530

CR2E034 (10/97)