

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90229 025 ***158.75

DOCUMENT # P96000050809

1. Corporation Name

DOMUS TECTUS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19 SALAMANCA AVENUE
SUITE 3
CORAL GABLES FL 33134
US

Mailing Address

19 SALAMANCA AVENUE
SUITE 3
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 ABOVE IS CORRECT

2a. Mailing Address

26 ABOVE IS CORRECT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MROZ, TOMASZ G
19 SALAMANCA AVENUE, STE 2
STE. 303
CORAL GABLES FL 33134

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



Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

No CHANGE

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

No CHANGE

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

DELETE

TITLE P
NAME MROZ, TOMASZ G
STREET ADDRESS 19 SALAMANCA AVENUE, STE 3
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

DELETE FROM
RECORD - SEE ATTACHED
LETTER.

Change Addition

P/T/S/D/C/M/R
CHANGE OF TITLE ONLY

Change Addition

ADDRESS OF
19 SALAMANCA AVE, STE 3
CORAL GABLES FL 33134

Change Addition

REMAINS UNCHANGED

Change Addition

Change Addition

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

Tomasz G. Mroz 4.27.99

305.984.0561

Date

Daytime Phone #

CR2E034 (11/98)