

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052144 (8)

1. Corporation Name

IT E C, CORP.

Principal Place of Business

4311 N.E. 22ND AVE.  
APT. 1  
LIGHTHOUSE POINT FL 33064

Mailing Address

4311 N.E. 22ND AVE.  
APT. 1  
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1996

4. FEI Number

65-0673339

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2617 NW 17th LANE	26 2617 NW 17th LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 POMPANO BEACH	27 POMPANO BEACH
City & State	City & State
23 POMPANO BEACH, FL	28 POMPANO BEACH, FL
Zip	Zip
24 33064	29 33064
Country	Country
25 BROWARD	30 BROWARD

9. Name and Address of Current Registered Agent

CUNHA, HENRIQUE  
4311 N.E. 22ND AVENUE  
APT. 1  
LIGHTHOUSE POINT FL 33064

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNHA, HENRIQUE	1.2 NAME	<del>HENRIQUE</del> CUNHA, HENRIQUE
STREET ADDRESS	% 4311 N.E. 22ND AVE. APT. 1	1.3 STREET ADDRESS	2617 NW 17th LANE
CITY-ST-ZIP	LIGHTHOUSE FL 33064	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNHA, HENRIQUE	2.2 NAME	CUNHA, HENRIQUE
STREET ADDRESS	% 4311 N.E. 22ND AVE. APT. 1	2.3 STREET ADDRESS	2617 NW 17th LANE
CITY-ST-ZIP	LIGHTHOUSE FL 33064	2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

 HENRIQUE CUNHA

04/23/98 954 456 0966

Date

Daytime Phone #

0180819

CR2E034 (10/97)