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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra BaMortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052576 (1)

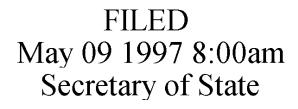
MASTEK PROPERTIES INC.

Principal	Place of	Business
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Mailing Address

1485 CYPRESS AVENUE

1465 CYPRESS AVENUE





MELBOURNE FL 32935		MELBOURNE FL 32935-5926							
						3. Date Incorporated or Qualifico 06/20/1996	3a. Da	ate of La	st Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>		Applied For		
21		26	26		59-338744	<u>ک</u>		Not Applicable	
Suite, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\Box		5 Additional		
22		27		Fee Require			e Required		
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be				
23	Country	Zip Country			Trust Fund Contribution			ted to Fees	
Zip	Country	Zip		шу		8. This corporation has liability for	rintangible ズ Yes [er s. 199.032,
24	9. Name and Address of Current	28 Registered Agent	30			Florida Statutes 10. Name and Address of New R			
WAI	DRON, TOM D ESQ	Trogistorou rigoni		B1	Namo	10. 11amo dila risario o 7 11am 11	cylistored	ngoin	
	EAST HIBISCUS BOULEVARD		į						
	BOURNE FL 32901		1	82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
MECE	DOUNIE FL 32801		+	83					
			İ						
			[84	City		FL	85	Zip Code
11 Purcuent	to the provisions of Sections 607.0503	2 and 607 1608 Florida Statul	os the at	10/0.	named corn	poration submits this statement for the		f chanci	no its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized	by:	the corporal	poration submits this statement for the lion's board of directors. I hereby acce	opt the app	ointmen	t as registered
agent. La	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agei	t CNO) tille if sout eat to the out on the	F : Floor ethroid	Anani	Leineraluto requer	red when reinstaling)	DATE		
12.	OFFICERS AND		13.		olg later requi	ADDITIONS/CHANGES TO OFF	p	DIREC	TORS IN 12
TITLE	SVD	☐ DELETE	1111	LF				Cha	
NAME	FERNANDEZ, JORGE		1.2 NA	ME					
STREET ADDRESS	1465 CYPRESS AVENUE		1.3 \$1	REFT A	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32935			Y-SI					
TITLE	PTD	DELETE	2.1 111				·	☐ Char	ige
NAME	RUSSELL, KEVIN		2.2 NA	ME					
STREET ADDRESS	1465 CYPRESS AVENUE	,	2.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32935			1Y-S1					
TITLE		☐ DELETE	3.1 Til					Cha	ige [_] Addition
NAME			3.2 NA	ME					ł
STREET ADDRESS			33\$1	REET A	ADDRESS				
CITY-ST-ZIP			3 4. Ci	1Y-S1	-216				
TITLE		☐ DELETE	4.1 111					Cha	nge [] Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET A	ADDRESS .				
CITY-ST-ZIP			4.4 01	Y-ST-	- ZIP				
TITLE	<u> </u>	☐ DELETE	5.1 711					Cha	nge 🔲 Addition
NAME			5.2 NA	ME					ļ
STREET ADDRESS			5.3 ST	REE1 A	ADDRESS				
CITY-ST-ZIP				[Y-\$]-)				
TITLE		☐ DELETE	61 TII					Cha	nge 🔲 Addition
NAME			62 NA	ME	1				
STREET ADDRESS					ODRESS				ĺ
CITY-ST-ZIP			6.4 CF		ì				
	by certify that the information supplied	with this filing does not quali				d in Section 119.07(3)(i), Florida Statut	es. I furthe	r certify	that the

r <u>supplemental affitual</u> report is true and accurate and that my signature shall have the same legal effect as if made under eath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name