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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ALTEK, INC.

P96000090252 (3)

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 217 NW 57 COURT 217 NW 57 COURT MIAMI FL 33126 MIAMI EL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0710041 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROJAS, JOSE 217 NW 57 COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE TITLE 1.1 TITLE Change Addition ROJAS, JOSE NAME 1.2 NAME 217 NW 57 COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE TITLE VSD 2.1 TITLE Change Addition ROJAS, MIRIAM A NAME 2.2 NAME 217 NW 57 COURT STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33126 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 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 an attachment with an address.

TE JOSE II POJAS

SIGNATURE:

117/98

(305) 266 8407