

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000044613 (2)

1. Corporation Name

MENTEK MANAGEMENT SERVICES, INC.

Principal Place of Business

528 W 46 PLACE  
HALEAH FL 33012

Mailing Address

528 W 46 PLACE  
HALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

105-0774647

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

21 1021 Ives Dairy Road

Suite, Apt. #, etc.

22 suite 220

City & State

23 miami, FL

Zip

24 33179

Country

25 USA

2a. Mailing Address

26 1021 Ives Dairy Road

Suite, Apt. #, etc.

27 suite 220

City & State

28 miami, FL

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

PROFESSIONAL REGISTERED AGENT CORP.  
C/O SETH STOPEK PA  
200 S BISCAYNE BLVD STE 2350  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Fred Bowen-Smith

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

1021 Ives Dairy Road

83 suite 220

84 City miami

FL

85 Zip Code

33179

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-98

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE

NAME Carlos Bustinza

STREET ADDRESS 528 W 46 Place

CITY-ST-ZIP Hialeah FL 33012

TITLE COO ☒ DELETE

NAME Albert Bustinza

STREET ADDRESS 528 W 46 Place

CITY-ST-ZIP Hialeah FL 33012

TITLE CEO ☐ DELETE

NAME Fred Bowen-Smith

STREET ADDRESS 528 W 46 Place

CITY-ST-ZIP Hialeah FL 33012

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 CEO ☒ Change ☐ Addition

1.2 NAME Fred Bowen-Smith

1.3 STREET ADDRESS 1021 Ives Dairy Road, suite 220

1.4 CITY-ST-ZIP miami, FL 33179

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ 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.

SIGNATURE

*[Signature]*

3-20-98

305  
655-2220

CR2E034 (10/97)