

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

FILED  
Sep 24 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 # P970000 94155  
1. Corporation Name  
**Prakti Enterprises Inc.**

Principal Place of Business Mailing Address  
**924 E. Sample Rd.  
Pompano, FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11-3-97**

|  |                             |  |            |
|--|-----------------------------|--|------------|
| 2. Principal Place of Business               |                             | 2a. Mailing Address                          |            |
| 21 <b>6110 N.W. 43 Ave.</b>                  | 26 <b>6110 N.W. 43 Ave.</b> |  |            |
| 22 Suite, Apt. #, etc.                       | 27 Suite, Apt. #, etc.      |  |            |
| 23 City & State<br><b>COCONUT CREEK, FL.</b> |                             | 28 City & State<br><b>COCONUT CREEK, FL.</b> |            |
| 24 Zip<br><b>33073</b>                       | 25 Country<br><b>U.S.A</b>  | 29 Zip<br><b>33073</b>                       | 30 Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0792352</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>Silvia Patricia Bustamante</b>                                     |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>6110 N.W. 43 Ave</b> |
| 83   |
| 84 City<br><b>COCONUT CREEK FL</b>   |
| 85 Zip Code<br><b>33073</b>  |

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 **Silvia Patricia Bustamante** **PRESIDENT** **7-22-98**  
Signature (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | <b>Gloria Lourdes Mares</b>     |
| STREET ADDRESS | <b>6110 N.W. 43 Avenue</b>      |
| CITY-ST-ZIP    | <b>COCONUT CREEK, FL. 33073</b> |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | <b>ANAYSADEL BUSTAMANTE</b>     |
| STREET ADDRESS | <b>6110 N.W. 43 Avenue</b>      |
| CITY-ST-ZIP    | <b>COCONUT CREEK, FL. 33073</b> |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>D/SECRETARY ANAYSADEL BUSTAMANTE</b>                                      |
| 2.3 STREET ADDRESS | <b>6110 N.W. 43 Avenue</b>   |
| 2.4 CITY-ST-ZIP    | <b>COCONUT CREEK, FL 33073</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>D/PRESIDENT SILVIA PATRICIA BUSTAMANTE</b>                                |
| 3.3 STREET ADDRESS | <b>6110 N.W. 43 Avenue</b>   |
| 3.4 CITY-ST-ZIP    | <b>COCONUT CREEK, FL. 33073</b>  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | <b>200002650142</b>  |
| 5.3 STREET ADDRESS | <b>-09/28/98--01068--040</b>   |
| 5.4 CITY-ST-ZIP    | <b>***61.25</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 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 on an attachment with an address.

SIGNATURE **Silvia Patricia Bustamante** **7-22-98**  
**(854) 421-8005**

CR2E034 (10/97)

12/9-24