

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90049 050 ***150.00

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1. Corporation Name
CATALYSIS CORPORATION

Principal Place of Business

6065 NW 167TH ST. STE B-15
MIAMI FL 33015

Mailing Address

6065 NW 167TH ST. STE B-15
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0839468

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 8185 NW 155 ST #2

Suite, Apt. #, etc.

2a. Mailing Address

26 8185 NW 155 ST #2

Suite, Apt. #, etc.

City & State

23 Miami Lakes FL

City & State

28 Miami Lakes FL

Zip

24 33016 Country

Country

25 USA

Zip

29 33016 Country

Country

30 USA

9. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
9200 S DADELAND BLVD, STE 603
MIAMI FL 33156

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

TITLE PVST ☐ DELETE
NAME FIGUEROA, ALLAN R
STREET ADDRESS 6065 NW 167TH ST, STE B-15
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE
NAME FIGUEROA, ALLAN R
STREET ADDRESS 6065 NW 167TH ST, STE B-15
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PVST ☒ Change ☐ Addition
1.2 NAME FIGUEROA, ALLAN R.
1.3 STREET ADDRESS 8185 NW 155 ST #2
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33016

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME FIGUEROA, ALLAN R.
2.3 STREET ADDRESS 8185 NW 155 ST #2
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33016

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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; 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

ALLAN FIGUEROA -

427-99305-231-6360

Date

Daytime Phone #

CR2E034 (11/98)

0132480