


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
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DOCUMENT # P98000043815

1. Corporation Name

Catalysis Corporation

Principal Place of Business

8185 N.W. 155 St.
Miami Lakes, FL 33016

Mailing Address

8185 NW 155 St.
Miami Lakes, FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-14-98

2. Principal Place of Business

2a. Mailing Address

21

26

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cuevas, Andrew Esq.
9200 S. Delaland Blvd.
Suite 603
Miami, FL 33156

81 Name

J. Everett Wilson, Esq.

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

2151 Le Jeune Rd.

83

Mezzanine

84

Coral Gables

FL

85

Zip Code

33134

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

J. EVERETT WILSON

8/13/99

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PRST~~
NAME ~~Figueroa, Allen R.~~
STREET ADDRESS ~~8185 NW 155 St., #2~~
CITY-ST-ZIP ~~Miami Lakes, FL 33016~~

☒ DELETE

1.1 TITLE ~~P/ST~~
1.2 NAME ~~Medina Roberto~~
1.3 STREET ADDRESS ~~8185 N.W. 155 St.~~
1.4 CITY-ST-ZIP ~~Miami Lakes, FL 33016~~

☒ Change

☒ Addition

TITLE ~~D~~
NAME ~~Figueroa, Allen R.~~
STREET ADDRESS ~~8185 NW 155 St., #2~~
CITY-ST-ZIP ~~Miami Lakes, FL 33016~~

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

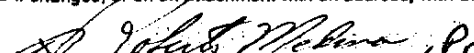
☐ DELETE

6.1 TITLE
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, with all other like empowered.

SIGNATURE:  Roberto Medina 8/13/99 (305) 231-6360