

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**  
 09-13-1999 90001 018 \*\*\*550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000052410**

TEKINEMA, INC.



Principal Place of Business: WEST FLAGLER ST 3 MI FL 33144  
 Mailing Address: 8360 WEST FLAGLER ST #203 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		06/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
28		29		65-0842620	
City & State		City & State		Applied For	
30		31		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
25		26		[ ] \$8.75 Additional Fee Required	
27		28		6. Election Campaign Financing	
29		30		Trust Fund Contribution [ ] \$5.00 May Be Added to Fees	
31		32		8. This corporation owes the current year Intangible Personal Property.	
33		34		[ ] Yes [X] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VARGAS, HENRY 6601 S.W. 72ND COURT MIAMI FL 33143				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
ET ADDRESS	VARGAS, HENRY	1.2 NAME	
ST-ZIP	6601 S.W. 72ND COURT	1.3 STREET ADDRESS	
	MIAMI FL 33143	1.4 CITY-ST-ZIP	
VD	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
ET ADDRESS	RIVEROS, LUIS D	2.2 NAME	
ST-ZIP	TRANSVERSAL 21 #108 A-70 APT 402	2.3 STREET ADDRESS	
	BOGOTA COLOMBIA	2.4 CITY-ST-ZIP	
STD	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
ET ADDRESS	SUAREZ, RAMON	3.2 NAME	
ST-ZIP	5201 NW 7TH STREET #501-W	3.3 STREET ADDRESS	
	MIAMI FL 33126	3.4 CITY-ST-ZIP	
	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
ET ADDRESS		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
	[ ] DELETE	4.4 CITY-ST-ZIP	
ET ADDRESS		5.1 TITLE	[ ] Change [ ] Addition
ST-ZIP		5.2 NAME	
	[ ] DELETE	5.3 STREET ADDRESS	
ET ADDRESS		5.4 CITY-ST-ZIP	
ST-ZIP		6.1 TITLE	[ ] Change [ ] Addition
	[ ] DELETE	6.2 NAME	
ET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

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:** \_\_\_\_\_ **7/7/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)