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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10620

(0)

SENTEC SCIENTIFIC INC.

| Principal Place of Business Mailing Addre | | | 38 S | | | | ITER TIBU DIĞIL BIRK | | |
|---|--|--|----------------------|------------|-----------------------------|--|--------------------------------------|-----------------------|-------------------------|
| 5911 SW 81 ST 5911 SW 81 SI S MIAMI FL 33143 S MIAMI FL 33 | | | T | | | | | | |
| | | | | | | Date Incorporated or Qualified 10/23/1990 | 3a. Date of La 03/14/199 | | oort |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | App | lied For |
| 21 | | 26 | | | | 65-0228872 | | | Applicable |
| Suite, Apt 22 | #, etc | Suite, Apt. #, etc. | | | | 6. Certificate of Stalus Desired | | 75 Ad e Req | ditional ulred |
| City & State | e | City & State | | | | Election Campaign Financing Trust Fund Contribution | | .00 M | lay Be Fees |
| Zip | Country | Zip | Country | | | 6. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 29 3 | | | | | Florida Statutes Yes No | | | |
| | 9, Name and Address of Curn | ent Hegistered Agent | | 81 | Name | 10. Name and Address of New Reg | Hatered Agent | | |
| | DNER, LEONARD LEVI 3 SW 102 AVE. | | | <u>"</u> | | | | | |
| | 3 SW 102 AVE. UI FL 33173 | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable | е) | | |
| MIN | MI FE 33173 | | - | 83 | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | ļ | 84 | City | | las! | 7in C | |
| | | | | | | | FL | Zip Co | |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli | te of Florida. Such change wa | as authorized | by by | the corporati | oration submits this statement for the prion's board of directors. I hereby accep | urpose of chang t the appointmen | ng Its it as re | registered agistered |
| SIGNATURE | | G | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Signature, typied or printed name of registered a | | | Ager | nt signature require | ed when reinstaling) | DATE | | |
| 12. | OFFICERS A | ND DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIREC | , | IN 12 Addition |
| TIFLE NAME | AZARNIA, ROOBIK | LJ otreit | 1.1 TIT | | | · | i (116 | ıyı | Magazini |
| STHEET ADDRESS | 5911 SW 81ST ST. | | | | ADDRESS | | | | |
| CITY-ST-7IP | S. MIAMI FL | | 1.4 CIT | | · 1 | | | | |
| TITLE | | DELETE | 2.1 TIT | | - TIL | | ☐ Cha | nge | Addition |
| NAME | | | 2.2 NA | ME | | | | - | |
| STREET ADDRESS | | | 2.3 STF | REET A | ADDRESS | | | | |
| CHY+S1+ZiP | | | 2. 4 Cl | TY-S | T - ZIP | | | | |
| TOLE | | DELETE | 3.1 TIT | LE | | i es | t. t Cha | nge | Addition |
| NAME | | | 3.2 NA | ME | | | * | | |
| STREET ADDRESS | | | 3.3 STF | REET | ADDRESS | | | | |
| CITY-ST-7IP | 17 - F116 1 50771 HAA JUHAN SAA AMULT, PURA AUGUSTATE HAA AM | DEL PAR | 3.4. Ci | | T - ZIP | | | | |
| TITLE | | DELETE | 4.1 111 | | | | ∐ Cha | ige | Addition |
| NAME ETHELL ADDRESS | | | 4. 2 NA | | ADDRESS | | | | |
| STREET ADDRESS CHTY-S1-7P | | | 4.3 STF | | ADDRESS | | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | | - EIP | | ☐ Cha | nge | Addition |
| NAME | | | 5.2 NA | | | | •··· | . | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | | 5.4 CIT | | | | | | |
| TITLE | | ☐ DÉLETE | 6.1 TIT | | | | Cha | nge | Addition |
| NAME: | | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | 6.3 ST | REET A | ADORESS | | | | |
| CITY - ST - ZIP | * * *********************************** | | 6.4 CIT | | | | | | |
| I do heret informatio | by certify that the information suppling indicated on this annual report of | ied with this filing does not qu r supplemental annual report | alify for the | CCUI | nption stated rate and that | in Section 119.07(3)(i). Florida Statutes my signature shall have the same legal Las required by Chapter 607, Florida Si | . I further certify effect as if mad | that the | e or oath; that |
| l am an ol appears ii | flicer or director of the corporation in Block 12 or Block 13 if changed, | or on an attachment with an a | owered to deaddress. | xbcı // | ute this Aport | 1 | atutes; and that | | |