FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S47224** **(8)**

1. Corporation Name

CETECH AMERICA INC.

Principal Place of Business	Mailing Address
~~5076 NW 74TH AVENUE~~ ~~SUITE B~~ ~~MIAMI FL 33166~~	~~5076 NW 74TH AVENUE~~ ~~SUITE B~~ ~~MIAMI FL 33166~~

2. Principal Place of Business	2a. Mailing Address
21 12149 S.W. 131 AVE.	26 12149 S.W. 131 AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33186 25 Country: DADE	29 Zip: 33186 30 Country: DADE

3. Date Incorporated or Qualified: 04/23/1991
3a. Date of Last Report: 03/07/1995
4. FEI Number: 65-0259147 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HENRIQUES DA SILVA, ANTONIO CARLOS
5076 NW 74TH AVE., SUITE B
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Rolando E. Leiva, CPA, PA
82 Street Address (P.O. Box Number is Not Acceptable)
83 7400 S.W. 50 TERR., Suite 302
84 City: MIAMI FL 85 Zip Code: 33155

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: ~~12~~ CPA Rolando E. Leiva, CPA 3/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
				☑ Change	☐ Addition
TITLE	~~SD~~ PD	☐ DELETE	1.1 TITLE		
NAME	HENRIQUES, ANTONIO		1.2 NAME		
STREET ADDRESS	~~5076 NW 74TH AVE~~		1.3 STREET ADDRESS	12149 S.W. 131 AVE.	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	MIAMI, FL. 33186	
				☑ Change	☐ Addition
TITLE	~~PD~~ SD	☐ DELETE	2.1 TITLE		
NAME	MARQUES, EWERTON		2.2 NAME		
STREET ADDRESS	~~5076 NW 74 AVE~~		2.3 STREET ADDRESS	12149 S.W. 131 AVE.	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	MIAMI, FL. 33186	
				☐ Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
				☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
				☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
				☐ Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X ANTONIO HENRIQUES, 3/16/96 305-227-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)