FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S86975 I.T.I. GROUP, INC. Principal Place of Business Mailing Address 2425 NW 33RD AVE 2425 NW 33RD AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1991 2. Principal Place of Business 2a. Mailing Address 4. ELI Number Applied For 59-2071447 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Źip Country Country 8. This corporation owes or has paid the current year Intang-ble Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RODRIGUEZ, PEDRO L 2425 NW 33 AV Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33142** 83 City Zip Code 85 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 <u>DVJE</u> Signature, typod or printed name of registered agent and net if applicable (NOTE Registered Agent signature required when constitling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11300 RODRIGUEZ, PEDRO L -NAMF 1.2 NAME 2425 NW 33RD AV STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIF Change DELETE Addition TITLE 2.1 HH E 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZiP TITLE DELFTE 3.1 TITLE Change Add-tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 4.1.1ITUE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1.111LF 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DETETE Change Add tion TITLE 6 1 111LE

6.2 NAME 6.3 STREET ADDRESS

14. I hereby certify that the information supplied windicated on this annual loport or supplement officer or director of the forporation or the coc Block 12 or Block 13 if changed or on a latta

10000

NAME

STREET ADDRESS

CITY-ST-ZIP

does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is tole and accurate and that my signature shall have the same legal effect as if made under early, that I am an accurate and that my signature by Chapter 607, Florida Statutes; and that my name appears in a faddress.

CR2E034