Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

DOCUMENT # **V40345**

1. Corporation Name FILMATEK, INC.

,

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

10700 SW 134 TERR. MIAMI FL'33176 Mailing Address

10700 SW 134 TERR. MIAMI FL 33176

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90040 014 ***150.00



DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/02/1992

4. FEI Number

Zip		Country			- Country		8, This corporatio	i owes the correr	n year ma				
24	[2	25 29 30				Personal Prope			Yes	™ No			
ı	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
<u> </u>					81	Name					ŀ		
	RIESGO, VICENTE					82 Street Address (P.O. Box Number is Not Acceptable)							
	10700 SW 134 1		Street Address (1 .O. Box Hamber is Not Acceptable)										
MIAMI FL 33176													
ļ										71			
ļ		-			84	City	,		FL	85 Zip	Code		
l office	or registered age	ons of Sections 607.0502 ent, or both, in the State of h, and accept the obligation	Florid	a. Such change was auth	orized by	the corporation	oration submits this st on's board of directors	atement for the property accept	iroose of	changing its itment as re	registered egistered		
SIGNATU	JRE												
,	Signature, typed o	or printed name of registered agent a			-	t signature require			DATE	- 010507			
12.	DICO	OFFICERS AND DIRECTORS PVSD		13.		ADDITIONS/CH	ANGES TO OFFI	CERS AN	Change	□ Addition			
TITLE	PVSD	RIESGO, VICENTE		C) DELETE	1.1 TITLE					Change			
NAME ,					1.2 NAME						Ì		
STREET ADD		134 TERR.			1.3 STREE	ADDRESS					l l		
CITY-ST-ZIP	MIAMI FL	33176			1.4 CITY-S	T-ZIP				=			
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NAME						ADDRESS					ļ		
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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 security his 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 life empowered.