

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:22

DOCUMENT # 657246 (5)
1. Corporation Name
CONSOLIDATED INDUSTRIES, INC.

Principal Place of Business Mailing Address
5761 NW 37TH AVE MIAMI FL 33142 **5761 NW 37TH AVE MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1980	3a. Date of Last Report 06/13/1994
4. FEI Number 59-2001062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for transactions for under § 190.005 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc 22. City & State 23. Zip	2a. Mailing Address 26. State Apt # etc 27. City & State 28. Zip
24. Name 25. Title	29. Name 30. Title

9. Name and Address of Current Registered Agent
**HOLLAND, BRIAN
5761 N.W. 37TH AVE.
MIAMI FL 33142**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. State **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1500, 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 607.0605, Florida Statutes.

SIGNATURE: _____ (Signature of Current Registered Agent) _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
1. NAME PD HOLLAND, BRIAN 2. STREET ADDRESS 5761 N.W. 37TH AVE. 3. CITY, STATE, ZIP MIAMI FL 33142		1. NAME BRIAN HOLLAND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 of this report or in Block 13 attachment with an address.

SIGNATURE: **BRIAN HOLLAND**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

June 27, 1995 (305)638-1987
DATE TIME

CR2E034 (3/95)