4-25-97 B-5442 -C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT # G02541

SOUTHEAST LAMINATING, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(2)

FILED Apr 25 1997 8:00am Secretary of State



4/10/07/04/

Principal Place of Business Mailing Address								
Maria de la companya della companya			PEMBROKE ROAD					
#1 Miramar FL 33023		#1	#1					
		MIRAMAR FL 33023-2138						ate of Last Report 26/1996
. Principal Place of Busi	ooss	2a. Maili	ing Address			4. FEI Number	1 04/20/ 100	Applied For
1		26				59-2238720		Not Applicab
Suite, Apt. #, etc.	<u> </u>	Suite	Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
City & State		27				8. Certificate of Status Desired	Fee	Required
City & State		City	& State			6. Election Campaign Financing	\$5.0	00 May Be
VI. Zip	Country	28]	· · · · · · · · · · · · · · ·	1		Trust Fund Contribution	LJ Add	ed to Fees
	Country	Zip		Country	У	8. This corporation has liability for in		or s. 199.032,
	25 and Address of Currer	[29] nt Registered	Agent	30]		Florida Statutes 10. Name and Address of New Reg	Yes No	
STUART GROS				81	Namo	TO, Harris and Address of legal flog	patered Agent	
2021 N.E. 2101								
NO MIAMI BCH				82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
				83				
				ļ				
				84	City		FL 85 7	'ip Code
1. Pursuant to the provis	ons of Sections 607.050	02 and 607.150	08. Florida Statu	ites, the abov	e-named cor	poration submits this statement for the pullion's board of directors. I hereby accept	urpose of changin	g its registere
agent. I am famil	ort, or Noth, in the state	e of Horida. Su lations of, Sect	ich change was tion 607.0505. F	authorized by lorida Statute	y the corpora s.	ation's board of directors. I hereby accept	t the appointment	as registered
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				\414 ^	1 / -	753	7//4///	,
Signature, typed	or printed name of registered agr	ent and title if apple	able (NO	Tricgistered Age	·+ Gro	red when reins(aling)	DAIL	
Signature, typed	or printed name of registered aga OFFICERS AN		S	It fit gistered Age	·+ Gro			
Signature typed 2. PD	OFFICERS AN			It Ticgistered Ag	·+ Gro	rred when reins(aling)	ERS AND DIRECT	
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