

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M24497 (3)
1. Corporation Name
TITAN ABRASIVES, INC.



Principal Place of Business Mailing Address
C/O GEORGE CHIRDARIS C/O GEORGE CHIRDARIS
5220 NW 72 AVE. #22 5220 NW 72 AVE. #22
MIAMI FL 33166 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
		3. Date Incorporated or Qualified 12/11/1985	
		4. FEI Number 59-2703212	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent ALLEN, R. KEITH 6101 S.W. 78TH ST. S. MIAMI FL 33143		10. Name and Address of New Registered Agent	
		81 Name Allen, R. Keith	
		82 Street Address (P.O. Box Number is Not Acceptable) 4975 Force de Leon	
		83 Suite Suite 302	
		84 City Miami	
		85 Zip Code FL 33146	

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 *[Signature]* DATE 4/24/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CHIRDARIS, GEORGE	1.2 NAME	
STREET ADDRESS	5220 N.W. 72 AVE. #22	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	CHIRDARIS, NICOLAS	2.2 NAME	
STREET ADDRESS	5220 N.W. 72 AVE. #22	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	GM	3.1 TITLE	☐ Change ☒ Addition
NAME	CARDENAS, JUAN	3.2 NAME	
STREET ADDRESS	5220 NW 72ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE *[Signature]* DATE 5/11/98

CR2E034 (10/97)