SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL 11 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M87036** **(3)**

1. Corporation Name
HONEYCOMB COMPOSITE SYSTEMS, INC.

Mailing Address
7820 NW 74TH ST
MIAMI FL 33166

Principal Place of Business
7820 NW 74TH ST
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1988**
3a. Date of Last Report: **07/06/1993**

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: **65-0056242** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☒
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State (23) (28)
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVER, ALBERTO
7820 NW 74TH ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	
12 NAME	LEVER, ALBERTO	12 NAME	
13 STREET ADDRESS	15050 S.W. 89 CT.	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE	V/P	21 TITLE	
22 NAME	ROSETE, ROBERT	22 NAME	
23 STREET ADDRESS	590 HUNTING LODGE DR	23 STREET ADDRESS	3901 S. W. 134th Ave.
24 CITY-ST-ZIP	MIAMI SPRINGS FL	24 CITY-ST-ZIP	Miramar, Fl. 33027
31 TITLE	General Manager	31 TITLE	
32 NAME	PATRICK W. LEVI	32 NAME	
33 STREET ADDRESS	1247 Fairlake Trace #1104	33 STREET ADDRESS	
34 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

$87

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 correct 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Patrick W. Levi PATRICK W. LEVI 7/5/94 (305) 594-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

000038