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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007228 (8)

REFLECTION CRYSTALLIZING COMPANY INC.

Principal Place of Business

Mailing Address

1220 SW 140 PLACE MIAMI FL 33175 1220 SW 140 PLACE

FILED May 06 1997 8:00am Secretary of State



MIAMI FL 8317	75		MIAMI	FL 33184-2781			ļ					
				·			,	01/28/1993 10/0			ate of Last Report 09/1996	
Principal Place of Business 21			2a. Ma 26	2a. Mailing Address 26				4. FEI Number 59-2788026				pplied For lot Applicable
Suite, Apt.	#, etc.		├ ─~¬	Suite, Apt. #, etc.				5. Certificate of Status I	Desired		+	Additional Required
City & State			Cit	City & State				6. Election Campaign F Trust Fund Contributi	-	\$5.00 May Be Added to Fees		
Zip 24	,	Country	74 29)	Coun 30	iry		This corporation has Florida Statutes		intangible Yes [s. 199.032,
			of Current Registere	d Agent				10. Name and Address	of New Re	gistered	Agent	
FAB	HAN, ROLAN	IDO J				1 Nam	ne					
	0 SW 140 P				-	O Ctro	at Address	(D.O. Boy Number in N	at Associate	(a)		
	MI FL 33178					82 Street Address (P.O. Box Number is Not Acceptable)						
,					Ĩ	3						
					-	4 City					lac 7cc	Code
					1	City				FL	85 Zip	Coue
11. Pursuant office or regent. I a	to the provision registered ago am familiar wit	ons of Sections ant, or both, in h, and accept	s 607.0502 and 607.1 the State of Florida. t the obligations of, Se	508, Florida Stat Such change was ection 607.0505, I	utes, the abo s authorized Florida Statu	ove-name by the c es.	od corpora orporation	ation submits this statemer's board of directors. I he	ent for the p preby accep	ourpose of of the app	changing ointment a	its registered s registered
SIGNATURE												
12.	Signature typed o		registered agent and tile if ap-		OTE: Fingistered	Agent signa	ture required w	when reinstating) ADDITIONS/CHANGE	E TO OFFIC	DATE EDO AND	DIDECTO	DC IN 10
TITLE	PSTD	OFFI	SENS AND DIRECTO	DELETE	1.1 TITL		7	ADDITIONS/CHANGE	3 IU OFFIC	ENS ANL	Change	Addition
NAME		ROLANDO J		bittie	1,2 NAN							L_J Magation
STREET ADDRESS	1220 SW	140 PLACE				et addres						
CITY-ST-ZIP	MIAMI FL				1	-ST-ZIP	~					
TITLE				DELETE	21 101						Change	[] Addition
NAME				-	2.2-NAN							
STREET ADDRESS						ET ADDRES	s					
CITY-ST-ZIP	}				1	/-\$1-ZIP	<u> </u>					
TITLE				DELF1E	3.1701						Change	Addition
NAME					3.2 NAN	E						
STREET ADDRESS					3.3 STR	ET ADDRES	s					
CITY-ST-ZIP					3.4. CIT	-SI-71P						
TITLE				DELETE	4.1 1111						Change	Addition
NAME					4, 2 NA	ME.						
STREET ADDRESS					4.3 5 18	ET ADDRES	s					
CITY-ST-ZIP	ļ				4.4 CITY	- S1 - 2IP					·	
TITLE				DELETE	5.1 THE						Change	Addition
NAME					5.2 NAN	£	İ					
STREET ADDRESS					5.3 BTR	ET ADDRES	is					
CITY-ST-ZIP						- \$1 - Z(P						
TITLE				□ DELETE	6.1 JITU	ŧ					Change	Addition
NAME					6.2 NAN	E						
STREET ADDRESS					63 BTR	et addres	s					
CITY-ST-ZIP					64 003	- S1 - ZIP						

I do 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 logal effect as if made under eath; that i am an efficer 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 in changed, or on an attachment with an address.

CIGNATUDE:

) Polards J. Lasias

4/24/97 (305) 220-907