

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**  
1995 MAR -2 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000060976 (5)**

1. Corporation Name  
**INDUPLUS, INC.**

Principal Place of Business  
~~7851-53 NW-21ST  
MIAMI FL 33122~~

Mailing Address  
~~7851-53 NW-21ST  
MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/15/1994**

3a. Date of Last Report

2. Principal Place of Business  
21 **1456 NW, 78th AVE**

2a. Mailing Address  
26 **1456 NW, 78th AVE**

4. FEI Number  
**65-0514587**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State  
**MIAMI, FL**

27 City & State  
**MIAMI, FL**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip  
**33126**

25 Country  
**USA**

29 Zip  
**33126**

30 Country  
**USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORENO, ADOLFO**  
~~7851-53 NW-21ST  
MIAMI FL 33122~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1456 NW, 78th AVENUE**

83

84 City  
**Miami**

FL

85 Zip Code  
**33126**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
MORENO, ADOLFO  
7851-53 NW 21ST  
MIAMI FL 33122**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**200001420662**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**-03/03/95--01048000012 Addition  
\*\*\*200.00 \*\*\*200.00**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**200  
3-2**

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)(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; that I am an officer or director of the corporation or the resolver 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, or in an attachment with an address.

SIGNATURE:

*Adolfo Moreno*  
**ADOLFO MORENO**

**02/10/95 (305) 177-5050**