

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Bullock
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 11 AM 8:01

DOCUMENT # **P94000075299 (5)**

INDUSTRIAL NEEDS, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE WRITE IN THIS SPACE

1. Principal Office Address		2a. Mailing Address		3. Filing Date (DD/MM/YYYY)	3a. Date of Last Report
6406 N.W. 82ND AVENUE MIAMI FL 33166		6406 N.W. 82ND AVENUE MIAMI FL 33166		10/12/1994	
21. Filing Day of Month	26. Mailing Address	4. FID Number	Applied For / Not Applicable		
22. State App # of	27. State App # of	65-0525919			
23. City, State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Zip	25. Zip	29. Zip	30. Zip	8. This corporation has liability for information law under 1991.32 Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TEZNA, MAURICIO 6406 N.W. 82ND AVENUE MIAMI FL 33166				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8) Florida Statutes, the above named corporation submits the 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 607.05(2), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	1. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEZNA, MAURICIO	2. NAME	
STREET ADDRESS	6406 N.W. 82ND AVE.	3. STREET ADDRESS	
CITY, STATE	MIAMI FL 33166	4. CITY, STATE	
TYPE	ST	5. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, CARLOS A	6. NAME	
STREET ADDRESS	6406 N.W. 82ND AVE.	7. STREET ADDRESS	
CITY, STATE	MIAMI FL 33166	8. CITY, STATE	
TYPE		9. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE		12. CITY, STATE	
TYPE		13. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE		16. CITY, STATE	

14. I do hereby certify that the information supplied with this filing substantially complies and does not qualify for the exemption stated in Sections 190.01(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my separation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the recipient of funds empowered to receive this report as required by Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Mauricio Tezna* 5/8/95 (205) 591-0209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR