

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 336122 (7)

1. Corporation Name

BAGMASTER MANUFACTURING INC



Principal Place of Business

3746 NW 50 ST
MIAMI FL 33142

Mailing Address

3746 NW 50 ST
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.

26 Subst. Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

BENENFELD, NATHAN
3746 N.W. 50TH STREET
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/08/1968

3a. Date of Last Report
04/11/1995

4. FEI Number

59-1221142

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.07(2) and 607.150A, 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 607.07(2), Florida Statutes.

SIGNATURE

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
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CITY-STATE-ZIP

PD
BENENFELD, NATHAN
2355 COLLINS AVENUE
MIAMI BEACH FL
SD
BENENFELD, DIANA
2355 COLLINS AVENUE
MIAMI BEACH FL
VP
BENEFELD, BARRY
20658 NE 25 COURT
N. MIAMI BEACH FL
T
RESTLER, RITA
2981 NORTH BAY RD.
MIAMI BEACH FL

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
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92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information reported with this report is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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 or authorized person for the corporation, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/1/96 305-633-7591

CR2E034 (12/95)