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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Feb 02 1998 8:00am Secretary of State

1. Corporation	T PRODUCTS INC OF MIAI	MI					
Principal Plac	be of Business	Mailing Address		 - 1 	\$14 \$11814 E1811 B1824 \$1811		
11995 SW 2		11995 SW 222 STREET					
MIAMI FL 33170 MIAMI FL 33170				DO NOT WISIT	C IN TUIN 45 A SE		
				3. Date Incorporated or Qualified	E IN THIS SPACE		
				05/20/1970			
1	Place of Business	2a. Mailing Address		4. FEI Number		Applied For	
21	B -4-	26		59-1295223		Not Applicable	4
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	_
City & Stat	te	City & State		6. Election Campaign Financing		O May Be	
Zip	Country	Zip	Country	Trust Fund Contribution		d to Fees	4
24	25	29	30	This corporation owes or has personal Property Tax due June		Intangible No	
24;	9. Name and Address of Curre		30	10. Name and Address of New Re		170	┨
JO.	DHN HAMER	<u></u>	81 Name		<u> </u>		1
	995 SW 222 ST		82 Street A	Address (P.O. Box Number is Not Accepta	hla)		4
,	AMI FL 33170		GZ SITEBLY	-duless (F.O. Box Number is Not Acceptai	· ·- · · · · · · · · · · · · · · · · ·		
			83] .
			84 City		FL 85 Z	p Code	+
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statu	tes, the above-named	corporation submits this statement for the		its registered	_{
						ac registered	7
onice or i	registered agent, or both, in the Stat	te of Florida. Such change was	authorized by the corp	poration's board of directors, I hereby acce	pt the appointment	as registered	7
	registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corp orida Statutes.	corporation submits this statement for the location's board of directors. I hereby acce	pt the appointment	as registered	
office of f agent. I a SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the obligations of the obligation of the state of the		authorized by the corporida Statutes. E: Registered Agent signature i	required when relostating)	DATE	treatment = 1.1	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS Af	gent and little Kappticable. (NOT	E: Registered Agent signature i		DATE CERS AND DIRECT	ORS IN 12	1/0/0
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS At SD	gent and little if applicable. (NO	TE: Registered Agent signature in 13.	required when relostating)	DATE	ORS IN 12	(10/07)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS AT SD HAMER, JOHN	gent and little Kappticable. (NOT	E: Registered Agent signature i 13. 1.1 TITLE 1.2 NAME	required when relostating)	DATE CERS AND DIRECT	ORS IN 12	134 (10/97)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS AT SD HAMER, JOHN 11995 S.W. 222ND ST.	gent and little Kappticable. (NOT	TE: Registered Agent signature in 13.	required when relostating)	DATE CERS AND DIRECT	ORS IN 12	PF034 (10/97)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS AND SD HAMER, JOHN 11995 S.W. 222ND ST. MIAMI, FL 0	gent and litle K applicable. (NOT ND DIRECTORS	TE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	required when relostating)	DATE CERS AND DIRECT	ORS IN 12 B Addition	3B2F034 (10/97)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS AND SD HAMER, JOHN 11995 S.W. 222ND ST. MIAMI, FL 0	gent and little Kappticable. (NOT	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when relostating)	DATE CERS AND DIRECT	ORS IN 12 B Addition	CB2F034 (10/97)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered at OFFICERS AND SD HAMER, JOHN 11995 S.W. 222ND ST. MIAMI, FL 0 PD O'NEIL, BRIAN	gent and litle K applicable. (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	required when relostating)	DATE CERS AND DIRECT	ORS IN 12 B Addition	CB2F034 (10/97)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS AND ST. HAMER, JOHN 11995 S.W. 222ND ST. MIAMI, FL 0 PD O'NEIL, BRIAN 11995 S.W. 222ND ST.	gent and litle K applicable. (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when relostating)	DATE CERS AND DIRECT	ORS IN 12 B Addition	CB2F034 (10/97)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered at OFFICERS AND SD HAMER, JOHN 11995 S.W. 222ND ST. MIAMI, FL 0 PD O'NEIL, BRIAN	gent and litle K applicable. (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	required when relostating)	DATE CERS AND DIRECT	ORS IN 12,	CB2F034 (10/97)
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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 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 on an attachment with an address.

SIGNATURE: