

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 381554 (5)

1. Corporation Name

FORMS AND SURFACES, INC.



Principal Place of Business

Mailing Address

**3801 N.E. 2ND AVENUE
MIAMI FL 33137**

**3801 N.E. 2ND AVENUE
MIAMI FL 33137**

3. Date Incorporated or Qualified

05/04/1971

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBURY, JOHN R.
3801 NE 2ND AVENUE
MIAMI FL 33137**

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY- ST- ZIP

SOT BUHLER, EMIL II 2832 EMATHLA ST MIAMI FL ☒ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD ADRIANI, MARIO 251 CRANDON BLVD KEY BISCAYNE FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY- ST- ZIP

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301 TITLE 302 NAME 303 STREET ADDRESS 304 CITY- ST- ZIP

311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY- ST- ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY- ST- ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY- ST- ZIP

341 TITLE 342 NAME 343 STREET ADDRESS 344 CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adriani Mario 7/30/96
13015711882

CR2E034 (3/96)