

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **388240** (4)

1. Corporation Name
BLENDPAC INTERNATIONAL CORPORATION



Principal Place of Business: **8536 POSEY ROAD JACKSONVILLE FL 32220-2360**
Mailing Address: **8536 POSEY ROAD JACKSONVILLE FL 32220-2360**

2. Principal Place of Business: 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 29. County
30. County

3. Date Incorporated or Qualified: **09/13/1971** 3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-1385678** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution:
8. This corporation has liability for intangible taxes under s. 190.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**MARTINEZ, ROBERT J.
548 E COMMERCIAL BLVD.
FORT LAUDERDALE FL 33307**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number, if Not Applicable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.012, Florida Statutes, I declare that I am duly qualified and available to be the registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such declaration is authorized by the corporation's board of directors. Therefore, I accept the appointment as registered agent. I am a resident who and a resident of the State of Florida at the time of filing this report.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	TD	13. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, PATRICIA C.	14. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8536 POSEY RD.	15. NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP	JACKSONVILLE FL	16. STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	D	17. CITY, STATE, ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ROBERT J.	18. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	548 E COMMERCIAL BLVD.	19. NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP	FORT LAUDERDALE FL	20. STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	PD	21. CITY, STATE, ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RALPH J.	22. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8536 POSEY RD.	23. NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP	JACKSONVILLE FL	24. STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE		25. CITY, STATE, ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		27. NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		28. STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE		29. CITY, STATE, ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		30. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		31. NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		32. STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is true and correct, and I am not eligible for the exemption Statute in Section 110.03(3)(g) Florida Statutes. I further certify that the information included on this report is true and correct, and I am not eligible for the exemption Statute in Section 110.03(3)(g) Florida Statutes. I further certify that I am an officer or director of this corporation, or the person or persons authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or corrected from a previous filing.

SIGNATURE: *Patricia C. Martinez* PATRICIA C. MARTINEZ 4/16/96 904-786-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)