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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **538516** (6)
1. Corporation Name
CARIBBEAN FIBERGLASS PRODUCTS, INC.

Principal Place of Business Mailing Address
5445 NW 72ND AVE **% CARIBBEAN FIBERGLASS PRODUCTS**
MIAMI FL 33166 **PO BOX 521375**
MIAMI FL 33152-1375
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		06/13/1977	02/08/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1759830	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under § 190.032 Florida Statutes	
PADRON, EVERARDO 3660 S.W. 139 AVE. MIAMI FL 33175				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PADRON, EVERARDO 3660 S.W. 139 AVE. MIAMI FL 33175				81 Name	PADRON, CIRILO
				82 Street Address (P.O. Box Number is Not Acceptable)	10252 S.W. 33 ST
				83	MIAMI
				84 City	MIAMI
				85 Zip Code	FL 33166

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: *Cirilo Padron* DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	11 TITLE	PD
NAME	PADRON, EVERARDO	12 NAME	PADRON, CIRILO
STREET ADDRESS	3660 S.W. 139 AVE	13 STREET ADDRESS	10252 SW 33 ST
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PD	21 TITLE	VS
NAME	PADRON, CIRILO F	22 NAME	PADRON, ROSARIO
STREET ADDRESS	10252 SW 33ST	23 STREET ADDRESS	10252 S.W. 33 ST
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 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: *Cirilo Padron* DATE: 4/2/95 (305)
888-0774