FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 538516 (6) CARIBBEAN FIBERGLASS PRODUCTS, INC. Principal Place of Business Mailing Address 5445 NW 72ND AVE % CARIBBEAN FIBERGLASS PRODUCTS MIAMI FL 33166 PO BOX 521375 DO NOT WRITE IN THIS SPACE MIAMI FL 33152-1375 3. Date Incorporated or Qualified 06/13/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1759830 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PADRON, CIRILO 10252 SW 33 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VS DELETE Change Addition TITLE 1.1 TITLE PADRON, CIRILO NAME 12 NAME 10252 SW 33 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME PADRON, EVERARDO 2.2 NAME 5445 NW 72ND AVENUE STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 2. 4 City-St-ZiP ☐ Addition DELETE Change TITLE 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP ☐ Addition DELETE Change 51 TITLE 5.2 NAME

14. I hereby cerify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attentionent with an address.

SIGNATURE:

61 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

Change

Addition

FILED