

DOCUMENT # 538516

1/12/01

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-12-2001 90007 004 ***150.00

1. Entity 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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1759830 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, CIRILO
10252 SW 33 STREET
MIAMI FL 33166

Name Everardo E Padron
Street Address (P.O. Box Number is Not Acceptable)
3660 SW 139 Ave
Miami FL 33175
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Everardo E Padron - Vice Pr* DATE 1/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS Delete
NAME PADRON, CIRILO
STREET ADDRESS 10252 SW 33 STREET
CITY-ST-ZIP MIAMI FL

TITLE President Change Addition
NAME Cirilo E Padron
STREET ADDRESS 10252 SW 33 St
CITY-ST-ZIP Miami FL 33166

TITLE VS Delete
NAME PADRON, EVERARDO
STREET ADDRESS 5445 NW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Everardo E Padron* Everardo E Padron DATE 1/7/01
Signature and typed or printed name of signing officer or director

305 888-0774

CR2E034 (10/00)