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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

620139

(6)

CHEMICALS OF THE FUTURE, INC.

Principal Place of Business POST OFFICE BOX 366496 SAN JUAN PR 00936		Mading Address			t id beid grife fibet marte tiddit einen aftet ander ander meter mebet abbet enter		
		6401 SW 87TH AVE. Suite 204 Miami Fl 33173-2592				····	
					3. Date Incorporated or Qualified 04/16/1979 3a. Date of Last Report 04/09/1996		leport
2. Principal Place of Business 2a. Mailing Addr		2a. Mailing Address	ress		4. FEI Number 59-1899956	Applied For Not Applicable	
Suite, Apt. #, etc 27		Suite. Apt. #, etc.	to the of		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	0	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
7 ₁ p	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes No	. 199 .032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
nal.	OBS & CARNEY, CPA'S			81 Name			
6401 SW 87TH AVE., #204 MIAMI FL 33173			82 Street Address (P.O. Box Number is Not Acceptable)				
	WW 1 5 00 17 0			83	the face of the second		
				84 City		FL 85 Zip	Code
office or r agent. La SIGNATURE	registered agent, or both, in the St im familiar with, and accept the ob- stagning, hyperoryant anamed registered	oligations of Section 607.0505	Florida Stat	d by the corpora utes. d Agent signature requ	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	DATE	registered
12.		AND D RECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THEF	PD	DELETE	1.1 10	TLE		Change	Addition
NAME	COLLAZO, JOSE		1.2 N/	AME			
STREET ADDRESS	6401 SW 87 AVE. #204		1.3 \$1	REET ADDRESS			
City - St - Z+P	MIAMI FL 33173		1.4 CI	TY-ST-ZIP			
TITLE		DELETE	2.1 Ti			Change	Addition
NAME			2.2 N	AME			
STREET ADDRESS			2.3 S	REET ADDRESS			
CITY-ST-ZIF			2.40	ITY - ST - ZIP			
TITLE		DELETE	3 1 11			Change	Addition
NAME			3.2 N	AME !			
STREET ADORESS			3.3 S	FREET ADDRESS			
CITY - ST - ZIF				ITY-ST-ZIP			
TITLE		DELETE	4.1 TI			Change	Addition
NAME			4.2 N	AMÉ			
STREET ADDRESS				TREET ADDRESS			
CITY-ST ZIF				TY-ST-ZIP			
TillE		DELFTE	5.1 TI			Change	☐ Addition
NAME			5 2 N			_	
STREET ADDRESS.				TREET ADORESS			

SIGNATURE:

CHY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

63 STREET ADDRESS 6.4 CITY-S1-7IP

61 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrural report or suppremental 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 on 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.

FILED

Jan 23 1997 8:00am

Secretary of State

☐ Addition