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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **624551** (8)

1. Corporation Name
**FLORIDA CYLINDERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~11220 SW 74TH CT~~ | ~~11220 SW 74TH CT~~ |
| MIAMI FL 33156 | MIAMI FL 33156 |
| US | US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/02/1979 | 3a. Date of Last Report: 02/14/1994 |
| 4. FEI Number: 59-1934949 | Applied For / Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No | |

2. Principal Place of Business (21): 11220 SW 74 CT
Suite, Apt. #, etc. (22):
City & State (23): MIAMI FL
Zip (24): 33156 Country (25):

2a. Mailing Address (26): C/O VINA + CO 255 ALHAMBRA CIR
Suite, Apt. #, etc. (27): 715
City & State (28): CORAL GABLES FL
Zip (29): 33134 Country (30):

**9. Name and Address of Current Registered Agent**

STRICKROOT, JOHN C.
~~25 WEST FLAGLER STREET - FIFTH FLOOR~~
~~MIAMI FL 33130~~

**10. Name and Address of New Registered Agent**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): INTERNATIONAL PLACE, 17TH FLOOR,
83: 100 S.E. 2ND ST.
84 City: MIAMI FL 85 Zip Code: 33131-1101

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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 01 TITLE | PD | 01 TITLE | ☒ Change ☐ Addition |
| 02 NAME | STAHL, H BRUCE | 02 NAME | |
| 03 STREET ADDRESS | ~~2020 N MIAMI AVENUE~~ | 03 STREET ADDRESS | 11220 SW 74 CT |
| 04 CITY ST ZIP | MIAMI FL | 04 CITY ST ZIP | MIAMI FL 33156 |
| 05 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 06 NAME | | 22 NAME | |
| 07 STREET ADDRESS | | 23 STREET ADDRESS | |
| 08 CITY ST ZIP | | 24 CITY ST ZIP | |
| 09 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 10 NAME | | 42 NAME | |
| 11 STREET ADDRESS | | 43 STREET ADDRESS | |
| 12 CITY ST ZIP | | 44 CITY ST ZIP | |
| 13 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 14 NAME | | 62 NAME | |
| 15 STREET ADDRESS | | 63 STREET ADDRESS | |
| 16 CITY ST ZIP | | 64 CITY ST ZIP | |
| 17 TITLE | | 81 TITLE | ☐ Change ☐ Addition |
| 18 NAME | | 82 NAME | |
| 19 STREET ADDRESS | | 83 STREET ADDRESS | |
| 20 CITY ST ZIP | | 84 CITY ST ZIP | |
| 21 TITLE | | 101 TITLE | ☐ Change ☐ Addition |
| 22 NAME | | 102 NAME | |
| 23 STREET ADDRESS | | 103 STREET ADDRESS | |
| 24 CITY ST ZIP | | 104 CITY ST ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 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:** _____ 7/17/95 305-441-0070
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE F. VINA

0160217 CP