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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

635760

(2)

FURAD INDUSTRIES, INC.

Principal Plane of Business Mailing Address							
Principal Place of Business Mailing Address							_
20412 N E 15 MIAMI FL 331		20412 N E 15TH CT Miami Fl 33179					
					Date incorporated or Qualified 09/11/1979	3a. Date of Lat 04/07	•
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26		59-1941156	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		./5 Additional ee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for		
4	25	29	30		Florida Statutes	No No	
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New I	Registered Agent	·
			81	Name			
	ISKI, PAUL		82 Street Add		ress (P.O. Box Number is Not Accepta	ble)	
20412 N MIAMI FI	E 15TH CT		83	 			
MIMMI FI	. 33178		84	City		C 1 85	Zip Code
	60 100	1000 4500 51-24-09-1	A Alia choic		ration submits this statement for the pu	FL	ite registered offic
familiar with SIGNATURE	d agent, or both, in the State of Floric , and accept the obligations of Sections (grature, typed or printed name of registered agent	on 607.0505, Florida Statute	zeo by the corp s. OTE: Registered Age		ard of directors. I hereby accept the app	DATE	ered agent. ram
12.	OFFICERS AND	(AME) =	13.	in a griditire, respire	ADDITIONS/CHANGES TO OF		CTORS IN 12
TITLE	PTD	DELETE	1. 1 TITLE			☐ Cha	nge 🔲 Addition
NAME	ADLER, JOSHUA		1.2 NAME				
STREET ADDRESS	941 N.E. 176TH ST		1.3 STREE	I ADDRESS			
CITY-ST-ZIP	N MIAMI BCH, FL 00000		1.4 C(TY -	\$1-7IP		E7.01	6 4 4 4 5 5
TITLE	SVD	☐ DELETE	2 1 TITLE			☐ Cha	nge 🔲 Addition
NAME	FURMANSKI, PAUL		2 2 NAME	* 10000:00			
STREET ADDRESS	1031 NW 162 AVE.		2.4 CITY -	T ADDRESS			
CITY-ST-ZIP TITLE	PEMBROKE PINES FL	DELETE	3. 1 TITLE	51 - ZIF		Cha	nge 🔲 Addition
NAME			. 32 NAME				
STREET ADDRESS			33 STRE	ET ADDRESS			
CITY-ST-ZIP			34 CITY-	ST-ZIP			
TITLE		DELETE	4. 1 TITLE			Cna	inge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5. 1 TITLE			Cha	ange Addition
NAME		[_] Sec. 1	5.2 NAME	l l			· _
STREET ADDRESS			i	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZP			
TITLE	,	☐ DELETE	6 1 TITLE			☐ Cha	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	for the exponetion et at all in Duck's a day	0.07(9)/U. Florid- (Proteston I fember
certify that	the information indicated on this care	ual report or supplemental an pration or the receiver or trust	inual report is ti lee empowered	nte and accur	for the exemption stated in Section 11 ate and that my signature shall have th his report as required by Chapter 607, I	e same legal effect	: as it made under

SIGNATURE: Paul Furnance of Signing Officer or Director

Signature and Typed or Printed Name of Signing Officer or Director

Date

D