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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 684270 (2)

1. Corporation Name  
DURLAR, INC.



Principal Place of Business

Mailing Address

8209 NW 30 TERRACE  
P.O. BOX 52-7801 (33152)  
MIAMI FL 33122  
US

7257 NW 12TH ST  
P.O. BOX 52-7801 (33152)  
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8209 NW 30 Ter

22 City & State

27 M  
28 Miami, Florida

24 Zip Country

29 33122 30 USA

9. Name and Address of Current Registered Agent

LARCO, VICTOR M  
7257 NW 12TH ST.  
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8209 NW 30 Ter

84 City Miami

FL 85 Zip Code 33122

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME ADRIANI, TERESA V  
STREET ADDRESS 13225 SW 111 TERRACE  
CITY-STATE-ZIP MIAMI, FL 00000-33186

TITLE PD  
NAME LARCO, VICTOR M  
STREET ADDRESS 11378 SW 86 LANE  
CITY-STATE-ZIP MIAMI, FL 00000-33123

TITLE D  
NAME DURAND, PAUL M  
STREET ADDRESS YEROVI 177  
CITY-STATE-ZIP LIMA 27 00000

TITLE VP  
NAME MIMBELLA, MARIO  
STREET ADDRESS 2055 SW 97 AVE  
CITY-STATE-ZIP MIAMI FL 33145

TITLE D  
NAME RAMIEREZ, VICTOR  
STREET ADDRESS AVENIDA 11 CALLE 20, APT. POSTAL 377-1007  
CITY-STATE-ZIP SAN JOSE CO

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do 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)(k), 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: MARIO MIMBELLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 305-4772039  
Date Daytime Phone #

CR2E034 (12/95)