Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90120 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 0000

1. Corporation	INDUSTRIES CORP.				:				
Principal Place of Business Mailing Address						i i i i i i i i i i i i i i i i i i i	diini iini Biali nia		71 (11 (11)
1408 N. WESTSHORE BLVD. 1408 N. WESTSHORE SUITE 1000 SUITE 1000 SUITE 1000 TAMPA FL 33607 TAMPA FL 33607			BLVO.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/02/1981			
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number		$\neg \vdash \vdash$	Applied For
	21								Not Applicable
-	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired			5 Additional
22	27					5. Certificate of Status Desired		Fee	Required
City & State	State City & State				,	6. Election Campaign Financing	9 🗆	•	O May Be
23	28					Trust Fund Contribution			d to Fees
Zip	Country Zíp Cou					8. This corporation owes the cu			D7A1-
24	25 29 30					Personal Property Tax.		☐ Yes	⊠No
	g. Name and Address of Current	Registered Agent	81	Name	<u> </u>	10. Name and Address of New	Registered A	gent	
PEDI	Z-FERREIRO, JUAN C		01	INATIR	0				
1408 N. WESTSHORE BLVD.				Stree	t Addres	ss (P.O. Box Number is Not Accep	otable)		
SUITE 1000									
TAMPA FL 33607									
TAMEA PE 33007				City			FL	85 Zi	p Code
office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Florid	horized by da Statutes	the cor	poration	s board of directors. I hereby acc	ept the appoint	ment as	registered
12.	OFFICERS ANI		13.		-	ADDITIONS/CHANGES TO C	FFICERS AND	DIREC	TORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		T			☐ Chang	
NAME	PEREZ-FERREIRO, JUAN C		1.2 NAME						
STREET ADDRESS	A CONTRACTOR OF THE PARTY AND ADDRESS AND			ADDRES	s				
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY+S	T-ZIP					
TITLE	S	☐ DELETE	2.1 TITLE					☐ Chang	je 🗌 Addition
NAME	LATTERI, PATRICIA C								
STREET ADDRESS	ALAA LI MEGENIADE DILID, ATE 4000			ADDRES:	s	_			
CITY-ST-ZIP	I			T-ZIP			-		
TITLE		☐ DELETE	3.1 TITLE					☐ Chang	ge 🗌 Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRES	s				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Chang	ge
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADORES	s				!
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		. 			Em - 1
TITLE		☐ DELETE	5.1 TITLE					Chang	ge 🗌 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		s				ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	ļ				
TITLE		☐ DELETE	6.1 TITLE		1			☐ Chang	je 🗌 Addition

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP