

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **837219** (5)
1. Corporation Name
TECH-AEROFOAM PRODUCTS, INC.



Principal Place of Business
**3551 NW 116TH ST
MIAMI FL 33167**

Mailing Address
**3551 NW 116TH ST
MIAMI FL 33167**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 10/19/1976	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1693932	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	

9. Name and Address of Current Registered Agent

**MELIN, DAVID
3551 NW 116TH ST
MIAMI FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL
85. Zip Code

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 the corporation

(Signature typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	3551 N.W. 116TH ST.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	KOFFMAN, BURTON	2.2 NAME	
STREET ADDRESS	300 PLAZA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BINGHAMPTON NY	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	KOFFMAN, MILTON	3.2 NAME	
STREET ADDRESS	300 PLAZA DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BINGHAMPTON, NY.	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	KOFFMAN, BURTON	4.2 NAME	
STREET ADDRESS	300 PLAZA DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BINGHAMPTON NY	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	S HORVATH, MARGARETT M	5.2 NAME	
STREET ADDRESS	3551 NW 116 ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33167	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(305) 685-5993

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