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**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90046 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837219

1. Corporation Name

Tech Aerofoam Products, Inc

Principal Place of Business

Mailing Address

3551 NW 116th Street  
Miami, FL 33167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1976

4. FEI Number

59-1693932

Applied For

Not Applicable

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

Country

Zip

Country

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELIN DAVID  
3551 NW 116th Street  
Miami, FL 33167

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	CFO & Asst. Secretary
NAME	CHARLES CUSTIN	1.2 NAME	LEOPOLDO L. PEREZ
STREET ADDRESS	3551 NW 116th Street	1.3 STREET ADDRESS	3551 NW 116th Street
CITY-ST-ZIP	MIAMI, FL 33167	1.4 CITY-ST-ZIP	MIAMI, FL 33167
TITLE	DIRECTOR & TREASURER	2.1 TITLE	
NAME	BURTON KOFFMAN	2.2 NAME	
STREET ADDRESS	300 PLAZA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL, NY	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR - VICE PRESIDENT	3.1 TITLE	
NAME	DAVID MELIN	3.2 NAME	
STREET ADDRESS	3551 NW 116th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33167	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	
NAME	MILTON KOFFMAN	4.2 NAME	
STREET ADDRESS	300 PLAZA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL, NY	4.4 CITY-ST-ZIP	
TITLE	SECRETARY	5.1 TITLE	
NAME	RICHARD KOFFMAN	5.2 NAME	
STREET ADDRESS	300 PLAZA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL, NY	5.4 CITY-ST-ZIP	
TITLE	CEO	6.1 TITLE	
NAME	JEFFREY KOFFMAN	6.2 NAME	
STREET ADDRESS	300 PLAZA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL, NY	6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)