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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # G06056

(7)

MINERVA PRODUCTS, INC.

	FILEL)
Apr 25	1997	8:00am
Secre	tary o	f State

- ? 4001101 3 041 3 0110 3 1111 3 8		

Principal Place of Business Mailing Address										
% FEUPE L PINEIRO 8217 NO THATCHER AVENUE TAMPA FL 336144836		% FELIPE L 6217 NO TH	% FELIPE L PINEIRO 6217 NO THATCHER AVENUE TAMPA FL 33614-4836							
							3. Date Incorporated or Qualified 10/26/1982	3a. Date 6		Report
2. Principal F	Place of Business	2a. Mailing 26	Address		•		4. FEI Number 59-2308210			pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional legulred
City & Stat	le	City & S	State	•			6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	7ip			ıntry		8. This corporation has liability for in			s. 199.032,
24	25] 9. Name and Address of Curre	29 ent Registered Ac		30	т		Florida Statutes 10. Name and Address of New Reg	Yes 🔀		
DINI	EIRO, FELIPE L	in the ground rig	join		81	Name	TO. Name and Address of New Res	naterou Age)TILL	
	7 NO THATCHER AVENUE									
	IPA FL				82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
II WY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				83					
					84	Oit.				
						City				Code
11. Pursuant office or a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obliner.	02 and 607.1508, le of Florida, Such nations of Section	Florida Statute change was at 607,0505, Flori	s, the aluthorize	bovo d by	named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of ch I the appoint	anging tment as	its registered s registered
SIGNATURE								3-29-6	97	
12.	OECICE DS AN	gent and little if applicable ND DIRECTORS	(NOTE	Fix gistere	d Age	nt signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DISTRIBUTION	DECTO	DO IN 40
TITLE	PD	NO DIRECTORS	DELETE	11 11	7.1.F	·	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	PINEIRO, FELIPE L			12 N					Chango	
STREET ADDRESS	6217 N THATCHER AVE					ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000				ΠY-\$1					
TITLE	D		DELETE	2.1 71					Change	Addition
NAME	PINEIRO, SILVIA			2.2 N/	AME					
STREET ADDRESS	6217 N THATCHER AVE			2.3 \$1	IREE	ADDRESS :				
CITY-ST-ZIP	TAMPA, FL 00000			2.40	ITY-S	1 - ZIP				
TITLE		Į] DELETE	3.1 1	TLF			Ц	Change	Addition
NAME				3.2 N/						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	3.4. C 4.1 Ti		1-ZIP			Change	Addition
NAME		L		4.1 II 4. 2 N				ĻJ	Sharing	Audilion
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					11Y - S1					
TITLE			DELETE	5.1 TI					Change	Addilion
NAME				5.2 N	AME				=	
STREET ADDRESS				5.3 \$1	RECT.	ADDRESS				
CITY-ST-ZIP				5.4 CI	TY-\$1	- ZIP				
TITLE			DELETE	6.1 TI	1LE				Change	Addition
NAME .				6.2 N	AME					
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY-ST-ZIP		\		6.4 CI	1Y-S	- 7IP				
	by certify that the information supplied	dd with this filing o	loes not qualify				d in Section 119 07(3)(i) Florida Statutes	I further ce	rtify tha	l the

information indicates on this annual pripal water unsuming does not quality for the examption stated in Section 119.07(3)(i), Florida Statutes. Horther certify that the information indicates on this annual pripal of 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 predior of the confirmation or the receiver or tristed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if channeld, or on a discharged with an address

IGNATURE OF THE STATE OF THE LAND COURSE

2-28-00