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

CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G08457** **(5)**

1. Corporation Name

**CHEMTRON INTERNATIONAL INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 343 N.W. 25TH STREET<br>MIAMI FL 33127 | 343 N.W. 25TH STREET<br>MIAMI FL 33127 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1982**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: **59-2303512** ☐ 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 subscribed to engage in business in Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPINELLI, JOSEPH
~~2457 COLLINS AVE. #406~~ C
~~MIAMI BEACH FL 33140~~ C

10. Name and Address of New Registered Agent

81 Name: SPINELLI, JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable): 2421 BISCAYNE BLVD # 263
83 MIAMI
84 City: MIAMI. FL 85 Zip Code: 33137

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: _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 1 TITLE | P | 1 TITLE | P ☐ Change ☐ Addition |
| 1 NAME | SPINELLI, JOSEPH | 1 NAME | SPINELLI, JOSEPH |
| 1 STREET ADDRESS | ~~2457 COLLINS AVE. #406~~ C | 1 STREET ADDRESS | 2421 BISCAYNE BLVD # 263 |
| 1 CITY ST ZIP | ~~MIAMI BEACH FL~~ C | 1 CITY ST ZIP | MIAMI, FLORIDA 33137 |
| 2 TITLE | | 2 TITLE | ☐ Change ☐ Addition |
| 2 NAME | | 2 NAME | |
| 2 STREET ADDRESS | | 2 STREET ADDRESS | |
| 2 CITY ST ZIP | | 2 CITY ST ZIP | |
| 3 TITLE | | 3 TITLE | ☐ Change ☐ Addition |
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| 5 CITY ST ZIP | | 5 CITY ST ZIP | |
| 6 TITLE | | 6 TITLE | ☐ Change ☐ Addition |
| 6 NAME | | 6 NAME | |
| 6 STREET ADDRESS | | 6 STREET ADDRESS | |
| 6 CITY ST ZIP | | 6 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)(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 the 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:** Joseph Spinelli — President — 4/26/95 — 576-2200

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Date — Telephone Number

0124651 CF