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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G08457** (5)

1. Corporation Name
CHEMTRON INTERNATIONAL INCORPORATED

Principal Place of Business

**943 N.W. 25TH STREET
MIAMI FL 33127**

Mailing Address

**943 N.W. 25TH STREET
MIAMI FL 33127-4331**



2. Principal Place of Business

21 1348 WASHINGTON AVE

Suite, Apt. #, etc.

22 276

City & State

23 MIAMI FL

Zip

24 33139

Country

2a. Mailing Address

26 1348 WASHINGTON AVE

Suite, Apt. #, etc.

27 276

City & State

28 MIAMI FL

Zip

29 33139

Country

30

9. Name and Address of Current Registered Agent

SPINELLI, JOSEPH

2421 BISCAYNE BLVD

#203

MIAMI FL 33137

3. Date Incorporated or Qualified

11/16/1982

3a. Date of Last Report

01/30/1996

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

SPINELLI JOSEPH

82.

Street Address (P.O. Box Number is Not Acceptable)

1521 ALTON ROAD # 330

83.

84.

City

MIAMI

FL

85. Zip Code

33139

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

TITLE **P** ☐ DELETE

NAME **SPINELLI, JOSEPH**

STREET ADDRESS **2421 BISCAYNE BLVD. #203**

CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **SPINELLI JOSEPH**

1.3 STREET ADDRESS **1521 ALTON ROAD # 330**

1.4 CITY - ST - ZIP

MIAMI FL 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day the Filing

CR2E034 (9/96)