03-23-1999 90033 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCU	MENT # G47556						
1. Corporation	n Name						
KESS IN	DUSTRIAL PRODUCTS, INC	/•			(1881) Part Brait (1881) Cital Brite Bill Billi	ALBEN BIRNI BIRNI BI	1811 B1811 (881
		•					
Principal Blace	of Ruciness	Mailing Address				DEREN DIRIN DIRIN DI	AN 1181 (181
8617 N.W. 66 STREET MIAMI FL 33166		8617 N.W. 66 STREET Miami Fl 33166					
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed		
****		T			07/07/1983 4. FEI Number		diad Can
 1	ace of Business	2a. Mailing Address					lied For Applicable
21 Suite Ant	# oto	Suite, Apt. #, etc.			59-2325844	\$8.75 A	
Suite, Apt.	#, 8 16.	27			5. Certificate of Status Desired	Fee Rec	
22 City & State	e	City & State		**	6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cot	untry	8. This corporation owes the current year Ir		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		nal M	10. Name and Address of New Registered	l Agent	
STEPMANDEZ HIAN B							
FERNANDEZ, JUAN B 1408 DORADO AVE				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		-
CORAL GABLES FL 33146				83			
OUT A DEED TO GO THE				3			
Lames Da Tu				84 City	F:	85 Zip C	ode
11. Pursuant	to the provisions of Seet as 607 050	2 and 607 1508. Florida Si	tatutes, the a	bove-named corp	poration submits this statement for the purpose of	of changing its r	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change w	as authorize	d by the corporation	on's board of directors. I hereby accept the appo	ointment as reg	jistered
	m familiar with, and accept the obliga-	dons of, Section 607.0303	, i longa otal	,			J
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (I	NOTE: Registered	d Agent signature require			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PDVS	☐ DELETE				Change	☐ Addition
NAME	FERNANDEZ, JAUN B		1.2 N				ì
STREET ADDRESS	1408 DORADO AVENUE			TREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146	☐ DELET		ITY-ST-ZIP		Change	Addition
TITLE	D NAVADDETE HODACIO			AME			
NAME	NAVARRETE, HORACIO SOUTH AFRICA			TREET ADDRESS			
STREET ADDRESS	SOUTH AFRICA			CITY: ST-ZIP		- ,	
-CITY-ST-ZIP	VP	☐ DELETI			and the second section of the section of the second section of the second section of the second section of the section of the second section of the	Change	Addition
NAME	FERNANDEZ, JUAN M		3.2 N	AME	,		
STREET ADDRESS	8005 SW 134 CT		3.3 S	TREET ADDRESS			1
CITY-ST-ZIP	·MIAMI FL		3.4. 0	CITY-ST-ZIP			
TITLE		☐ DELET	E 4.1 T	TILE .		☐ Change	☐ Addition
NAME			4.21	NAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP			
TITLE		☐ DELET				Change	Addition !
NAME				AME	•		ļ
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————		ATY-ST-ZIP		- Change	[] Addition
TITLE		☐ DELET				Change	☐ Waginou
NAME	İ		6.21	IAME			ļ

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP