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 APR 24 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94941 (3)

1. Corporation Name
EDEL INDUSTRIAL CORP., INC.

Principal Place of Business	Mailing Address
5445 N.W. 72ND AVE. MIAMI FL 33166	C/O CARIBBEAN FIBERGLASS PRODUCTS P. O. BOX 521375 MIAMI FL 33152-1375 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1984
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 3660 SW 139 ave
22: Suite, Apt. #, etc.
23: City & State: Miami, Fl
24: Zip: 33175 25: County: Dade.

2a. Mailing Address
26: C/o Everardo Padron
27: Suite, Apt. #, etc.: P.O. Box 651571
28: City & State: Miami, Fl
29: Zip: 33265 30: County: Dade.

4. FEI Number: 59-2430465 ☐ 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

9. Name and Address of Current Registered Agent

PADRON, EVERARDO
5445 N.W. 72ND AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Padron, Everardo
82 Street Address (P.O. Box Number is Not Acceptable): 3660 SW 139 Ave
83: Miami
84 City: Miami FL 85 Zip Code: 33175

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] DATE: 4-17-95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADRON, FELIX E. 5445 N.W. 72ND AVE. MIAMI FL 33166	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PADRON, CECILIO J. 5445 N.W. 72ND AVE. MIAMI FL 33166	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition Delete.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADRON, CIRILO S. 5445 N.W. 72ND AVE. MIAMI FL 33166	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PADRON, Everardo 3660 SW 139 ave Miami, Fl 33175	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 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.

SIGNATURE: [signature] 4-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439870 FP