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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)**DOCUMENT #** Corporation Name FLO-MAT, INC. Mailing Address Principal Place of Business 730 N.W. 166TH AVENUE 730 N.W. 166TH AVENUE PENBROKE PINES FL 33028 PEMBROKE PINES FL 33028 3a. Date of Last Report 3. Date Incorporated or Qualified 03/13/1995 04/27/1984 4. FEt Number Applied For 2. Principal Place of Business 2a. Mailino Address 59-2401497 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zιο ☑ Yes □ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JORGE J. MON
Street Address (P.O. Box Number is Not Acceptable) . MON MON, JORGE I. 82 730 NW 166 AUE 410 WEST 41 PLACE 83 HIALEAH FL 33012 Zip Code 33028 City PEMBROKE PINES 84 ction 607.0502 and 607.7509 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of Florida. Such that ge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am additions of Section 607.050, Florida Statutes. Pursuant to the provisions of Second registered agent, or both, in the familiar with, and accept the object. 4/20/96 X SIGNATURE Signature, typied or printed name of registered agent and title if applicable NOTE Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TOTLE CR2E034 MON, JORGE I. 1.2 NAME NAME 410 W 41 PLACE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition Change ☐ DEL.ETE 2 1 TiTLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - 7IP Change Addition DELETE 3 1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 6. 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby cartify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early, that I am an officer or director of the conciration or the receiver or trusted enjoyeered 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. CHTY - ST - ZIP SIGNATURE: Daytime Phone # AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR