

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H03851** (3)

1. Corporation Name
TRIFLEX ABRASIVES, INC.



Principal Place of Business: 5220 N.W. 72ND AVENUE #22 MIAMI FL 33166
Mailing Address: 5220 N.W. 72ND AVENUE #22 MIAMI FL 33166

3. Date Incorporated or Qualified 05/14/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2459544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ALLEN, R. KEITH
6101 S.W. 76TH ST.
S. MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 []
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHIRDARIS, GEORGE	
STREET ADDRESS	5220 N.W. 72ND AVE. #22	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHIRDARIS, NICOLAS	
STREET ADDRESS	5220 N.W. 72ND AVE. #22	
CITY-ST-ZIP	MIAMI FL	
TITLE	GM	<input type="checkbox"/> DELETE
NAME	CARDENAS, JUAN	
STREET ADDRESS	5220 N.W. 72ND AVE. #22	
CITY-ST-ZIP	MIAMI FL	
TITLE	[]	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY-ST-ZIP	[]	
TITLE	[]	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY-ST-ZIP	[]	
TITLE	[]	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY-ST-ZIP	[]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	[]	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	[]		
1.3 STREET ADDRESS	[]		
1.4 CITY-ST-ZIP	[]		
2.1 TITLE	[]	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	[]		
2.3 STREET ADDRESS	[]		
2.4 CITY-ST-ZIP	[]		
3.1 TITLE	[]	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	[]		
3.3 STREET ADDRESS	[]		
3.4 CITY-ST-ZIP	[]		
4.1 TITLE	[]	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	[]		
4.3 STREET ADDRESS	[]		
4.4 CITY-ST-ZIP	[]		
5.1 TITLE	[]	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	[]		
5.3 STREET ADDRESS	[]		
5.4 CITY-ST-ZIP	[]		
6.1 TITLE	[]	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	[]		
6.3 STREET ADDRESS	[]		
6.4 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)(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 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: _____ DATE: **3-13-96** DAYTIME PHONE #: **305 5931285**

CR2E034 (12/95)