PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # H32415 INUFACTURING, INC.	5				
Principal Place	e of Business	Mailing Address		T INDIES DIOD HIND HOUS DIDEN SIDES ONLY ON	//L #1811 B3851 B1911 B1	HATE BIBIT TO DE
8451 N.W. 61ST STREET MIAMI FL 33166		8451 N.W. 61ST STREET MIAM! FL 33166		DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualifed	-	
				11/29/1984		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-2526302		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Rec	
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year		 .
24	25	W	30	Personal Property Tax.	_	□No
	9. Name and Address of Currer		81 Name	10. Name and Address of New Register	3u Agent	
PALMER ALFRED A. EMILIO J. SOLD TERRI 1500 MONZA AVENUE TAIS SWITCH TERRI - SUITE 200 — CORAL GABLES FL 33146 MIAMI, FLA 83143.			82 Street Add	tress (P.O. Box Number is Not Acceptable)		
			84 City M	LIAMI F	L 85 Zp S	6.4 ^{bo}
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	i2/and/607.7508, Florida Statutes of Florida Such change was aut tions of Section 607.0505, Florid	s, the above-named cor thorized by the corporat da Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered age	entrandutle of anniicable. (NOTE: F	Registered Agent signature requi	red when reinstating) UATE	<u>t. 1</u>	
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	PSD /	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	SOLO, EMILIO J.		1.2 NAME			
STREET ADDRESS	7415 SW 56TH TERR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33/ピラ		1.4 CITY-ST-ZIP			
TITLÉ	T	☐ DELETE	2.1 TTLE		Change	☐ Addition
NAME	SOLO, CLARA E.		2.2 NAME			
STREET ADDRESS	7415 SW 56TH TERR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMIFL 33143		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not orgalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier ental 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 long an attachment with an address, with all other like empowered.

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Addition

Addition

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90009 035 ***150.00