

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

ANNUAL REPORT  
1995

DOCUMENT # **H75033**

(1)

MADE-RITE INDUSTRIES, INC.

APPROVED  
AND  
FILED

95 M.R.-1 PH 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Street, P.O. Box, Room

7050 S.W. 4TH ST.  
MIAMI FL 33144

Mailing Address

7050 S.W. 4TH ST.  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 7050 S.W. 4<sup>TH</sup> ST

27 Suite, Apt. #, etc.

28 City & State

29 MIAMI FL

30 Zip

31 Country

32 33144 33 DADE

3a. Date Incorporated or Qualified  
**09/05/1985**

01/20/1994

4. FEI Number  
**59-2583338**

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

7. This corporation has liability for intangible tax under §. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

CANABAL, FELIX  
7635 SW 82ND AVENUE  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name **FELIX CANABAL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7635 S.W. 82 AVE.**

83

84 City **MIAMI** FL **33143** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 all obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: **Felix CANABAL PRES.**

2/25/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	CANABAL, FELIX	7635 S.W. 82ND AVE.	MIAMI FL	
1. TITLE	2. NAME	2. STREET ADDRESS	2. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	7. NAME	7. STREET ADDRESS	7. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	8. NAME	8. STREET ADDRESS	8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	9. NAME	9. STREET ADDRESS	9. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	10. NAME	10. STREET ADDRESS	10. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	11. NAME	11. STREET ADDRESS	11. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	12. NAME	12. STREET ADDRESS	12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, 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 the 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 co-visitor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears on page 12 of Florida Form 1, if filed, or on an attachment with an addendum.

SIGNATURE:

**Felix CANABAL, PRES. 2/25/95 (305)262-0513**

MANUAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Form 1