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 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H75730 (2)

1. Corporate Name
KINEMA PLASTICS INC.

Principal Place of Business
7376 WEST 20TH AVENUE
BAY #155
HIALEAH FL 33016

Mailing Address
7376 WEST 20TH AVENUE
BAY #155
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1985
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2597330 — Applied For / Not Applicable

Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

ZIP — 24 — County — 25
ZIP — 29 — County — 30

8. Does corporation owe any delinquent taxes under s. 607.193 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEL VALLE, ROBERTO
3625 TORREMOLINOS AVENUE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1253 ASTURIA AVENUE

83

84 City: CORAL GABLES — FL — 85 Zip Code: 33134

11. Pursuant to the provisions of Section 607.193 of the Florida Statutes, the above named corporation submits the 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 607.325 Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN 1.	
Title	PT	Title	☒ Change ☐ Addition
Name	DEL VALLE, ROBERTO	Name	
Street Address	3625 TORREMOLINOS AVENUE	Street Address	1253 ASTURIA AVENUE
City-State-Zip	MIAMI FL	City-State-Zip	CORAL GABLES, FL 33134
Title	D	Title	☒ Change ☐ Addition
Name	DEL VALLE, ROBERTO	Name	
Street Address	3625 TORREMOLINOS AVENUE	Street Address	1253 ASTURIA AVENUE
City-State-Zip	MIAMI FL	City-State-Zip	CORAL GABLES, FL 33134
Title	V	Title	☒ Change ☐ Addition
Name	DEL VALLE, MAGDA	Name	
Street Address	3625 TORREMOLINAS AVENUE	Street Address	1253 ASTURIA AVENUE
City-State-Zip	MIAMI FL	City-State-Zip	CORAL GABLES, FL 33134
Title	S	Title	☒ Change ☐ Addition
Name	DEL VALLE, KIMBERLY	Name	
Street Address	3625 TORREMOLINAS AVENUE	Street Address	1253 ASTURIA AVENUE
City-State-Zip	MIAMI FL	City-State-Zip	CORAL GABLES, FL 33134
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I do hereby certify that the information supplied with this report is willfully 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 of changed or omitted with an address.

SIGNATURE: X Magda E. Del Valle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAGDA E. DEL VALLE

X 4/28/95 (Date) 305-825-7675 (Daytime Phone)

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