

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J02835

(3)

1. Corporation Name

BUMPER INDUSTRIES INC.

Principal Place of Business

% AHMAD BEHNEJAD
8113 NW 54TH ST.
MIAMI FL 33166
US

Mailing Address

% AHMAD BEHNEJAD
8113 NW 54TH ST.
MIAMI FL 33166
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

BEHNEJAD, AHMAD
8113 NW 54TH ST.
MIAMI FL 33166

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
03/10/1986

3a. Date of Last Report
07/19/1995

4. FEI Number
65-0017725

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 a change authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0609, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHMAD BEHNEJAD

4-25-96

(305) 592-3999

0187125 CP

CR2E034 (12/95)