## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J03543 (2) **EASTERN CHEMICAL CORPORATION** Principal Place of Business Mailing Address 1131 N.W. 35 AVE. 1131 N.W. 35 AVE. MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2718635 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Gamma$ Trust Fund Contribution Added to Fees 28 7ip Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes □ Ño 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VILLASANA, FLORENCIA 8421 N.W. 8TH STREET, APT, 211 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33126 83 City Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typed or pented name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE \_\_ Change \_\_ Addition DELETE TITLE SILVA, GILBERTO J. NAME 1.2 NAME 1131 N.W. 35TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL** CITY - ST - ZIP 1.4 CITY - ST-ZIP STD DELETE Addition TITLE 2.1 TITLE HEER-SILVA, CLAUDIA NAME 2.2 NAME 10300 NW 9TH ST CIRCLE 2.3 STREET ADDRESS STREET ADORESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE VILLASANA, FLORENCIA NAME 3.2 NAME 8421 NW 8TH ST., APT 211 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 eath; 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 managed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

illasana

DELETE

4-23-98 (305)264-7208

☐ Change

Addition