

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J17869 (5)
1. Corporation Name
SINGER PRODUCTS, INC.



Principal Place of Business Mailing Address
**1840 W. 49 ST.
STE 402
HIALEAH FL 33012** **1840 W. 49 ST.
STE 402
HIALEAH FL 33012**

| | | | |
|--|--|---|--|
| 2. Principal Place of Business 21 1840 W. 49TH. STREET Suite, Apt. #, etc. 22 SUITE 501 City & State 23 HIALEAH, FLORIDA Zip 24 33012 | 2a. Mailing Address 26 SAME AS 2. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | 3. Date Incorporated or Qualified 06/05/1986 | 3a. Date of Last Report 03/03/1995 |
| | | 4. FEI Number 59-2677277 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**DIEGUEZ, ANTHONY
1840 W. 49TH ST., STE. 411
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 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 printed name of registered agent and term if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | CP <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, JAIME | 1.2 NAME | |
| STREET ADDRESS | 1840 W. 49TH ST. #402 | 1.3 STREET ADDRESS | 1840 W. 49TH. #501 |
| CITY-STATE-ZIP | HIALEAH FL | 1.4 CITY-STATE-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THALHEIMER, MARIA DEL CARMEN | 2.2 NAME | |
| STREET ADDRESS | 1840 W. 49 ST., #402 | 2.3 STREET ADDRESS | 1840 W. 49TH. ST. #501 |
| CITY-STATE-ZIP | HIALEAH FL 33012 | 2.4 CITY-STATE-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIEGUEZ, ANTHONY | 3.2 NAME | |
| STREET ADDRESS | 1840 W. 49TH ST #411 | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HIALEAH FL | 3.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I do hereby 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 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 if changed or on an attachment with an address.

SIGNATURE: *Maria Del Carmen Thalheimer* **MARIA DEL CARMEN THALHEIMER**
Date **Feb. 20, 1996** Daytime Phone # **(305) 558-3000**

CR2E034 (12/95)