

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J54900** (2)  
1. Corporation Name  
**PRIME PACKAGING & CONTAINER COMPANY, INC.**



Principal Place of Business

16363 NW 49TH AVE  
MIAMI LAKES FL 33014

Mailing Address

16363 NW 49TH AVE  
MIAMI LAKES FL 33014

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/02/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2783464

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

9. Name and Address of Current Registered Agent

WEINGER, STEVEN M.  
2650 S.W. 27TH AVENUE  
SECOND FLOOR PLAZA 2650  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

T  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

LINARES, FRANCISCO  
16363 NW 49 AVE  
MIAMI LAKES FL

☐ DELETE

DS  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DORNBUSCH, JAIME  
16363 NW 49TH AVE  
MIAMI LAKES FL

☐ DELETE

DP  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

BARAKAT, MOHAMED  
16363 NW 49 AVE  
MIAMI LAKES FL

☐ DELETE

V  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

BARAKAT, MAGED  
16363 NW 49 AVE  
MIAMI LAKES FL

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Mohamed Barakat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMED BARAKAT

05/02/96

(305) 625-4929

Date

Daytime Phone #

CR2E034 (12/95)