

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J64162 (7)
1. Corporation Name
DYNABILT TECHNOLOGY INTERNATIONAL CORPORATION



Principal Place of Business
**1805 NE 142 ST.
N MIAMI FL 33161**

Mailing Address
**P.O. BOX 610697
N MIAMI FL 33261**

2. Principal Place of Business
21 14250 NE 18 Avenue
Suite, Apt. #, etc.
22

City & State
23 North Miami, FL
Zip Country
24 33161 25

2a. Mailing Address
26 P.O. Box 610697
Suite, Apt. #, etc.
27

City & State
28 North Miami, FL
Zip Country
29 33161 30

3. Date Incorporated or Qualified
03/27/1987

3a. Date of Last Report
05/18/1995

4. FEI Number
59-2798480

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

**BADER, HAROLD
1805 NE 142 ST.
N MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name BADER, HAROLD
82 Street Address (P.O. Box Number is Not Acceptable) 14250 NE 18 Avenue
83
84 City North Miami FL 85 Zip Code 33161

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 then applicable

(Signature) Registered Agent signature required when submitting

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VP	BADER, HAROLD	1805 NE 142 ST. N MIAMI FL 33161		<input type="checkbox"/>
P	BADER, MYRNA	1805 NE 142 ST N MIAMI FL 33161		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
VP	Harold Bader	14250 NE 18 Avenue N.Miami, FL 33161		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Myrna Bader	14250 NE 18 Avenue N.Miami, FL 33161		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Bader
Harold Bader, Vice President

4/25/96

Daytime Phone

CR2E034 (12/95)