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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J95202** **(4)**

1. Corporation Name
A-1 CUSTOM MICA, INC.

Principal Place of Business	Mailing Address
364 SW 4TH CT BAY #3 DANIA FL 33004	364 SW 4TH CT BAY #3 DANIA FL 33004

3. Date Incorporated or Qualified: 09/28/1987
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21: 5805 Plunkett Street
22: Suite, Apt. #, etc.
23: City & State: Hollywood Florida
24: Zip: 33023 25: Country: Broward

2a. Mailing Address
26: 5805 Plunkett Street
27: Suite, Apt. #, etc.
28: City & State: Hollywood Florida
29: Zip: 33023 30: Country: Broward

4. FEI Number: 65-0006482 ☐ 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

BENCIVENGA, MICHAEL
12001 ASHFORD LANE
DAVIE FL 33325

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: Michael Benciveng Michael Benciveng President 1-9-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, SANTOSE		1.2 NAME		
STREET ADDRESS	1953 WILSON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MALLES, HARRY		2.2 NAME		
STREET ADDRESS	241 SW 1ST AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		2.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENEIVENGA, MICHAEL		3.2 NAME		
STREET ADDRESS	12001 ASHFORD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby 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 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: Michael Benciveng Michael Benciveng 1-9-97 954 922-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0518725