

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K40659 (0)

1. Corporation Name

FIBERAND, INC.

Principal Place of Business

**7150 SW 62ND AVE.
SUITE 103
MIAMI FL 33143**

Mailing Address

**7150 SW 62ND AVE.
SUITE 103
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/20/1988

3a. Date of Last Report

03/04/1994

4. FEI Number

62-1406727

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELIAS, GEORGE JR.
3800 ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

81. Name

ELIAS, GEORGE JR.

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

777 BRICKELL AVENUE

83.

SUITE 111

84. City

MIAMI

FL

85. Zip Code
33131

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
ELIAS, ALBERT S.
7150 S.W. 62ND AVE.
SOUTH MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**DV
HARTUNG, WILHELM
SLOTSSKOGSSGATAN 105
GOTEBORG 41476 SWEDEN**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ELIAS, AMEY BARGER
7150 S.W. 62ND AVE.
SOUTH MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**D
ELIAS, GEORGE JR.
777 BRICKELL AVE., SUITE 111
MIAMI, FL 33131**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ELIAS, GEORGE JR
TWO SOUTH BISCAYNE BLVD.
MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ELIAS, MARC
7150 SW 62ND AVE
SOUTH MIAMI FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ 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 110.07(3)(b), 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:

Albert S. Elias

ALBERT S. ELIAS

4/24/95 (305) 661-4506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number