SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K40659** **(0)**

1. Corporation Name

FIBERAND, INC.

Principal Place of Business	Mailing Address
7150 SW 62ND AVE. SUITE 103 MIAMI FL 33143	7150 SW 62ND AVE. SUITE 103 MIAMI FL 33143

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 04/27/1995
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

9. Name and Address of Current Registered Agent

ELIAS, GEORGE J
777 BRICKELL AVENUE
SUITE 111
MIAMI FL 33131

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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relationship)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D/T/S	☐ Change ☒ Addition
NAME	ELIAS, ALBERT S		1.2 NAME	CHACON, JEAN-PIERRE	
STREET ADDRESS	7150 S.W. 62ND AVE.		1.3 STREET ADDRESS	7150 S.W. 62ND AVE.	
CITY-ST-ZIP	SOUTH MIAMI FL		1.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELIAS, AMEY BARGER		2.2 NAME		
STREET ADDRESS	7150 S.W. 62ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELIAS, GEORGE JR		3.2 NAME		
STREET ADDRESS	TWO SOUTH BISCAYNE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELIAS, MARC		4.2 NAME		
STREET ADDRESS	7150 SW 62ND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MRTUNG, WILHELM		5.2 NAME		
STREET ADDRESS	SLOTTSKOGSSGATAN 105		5.3 STREET ADDRESS		
CITY-ST-ZIP	GOTEBORG SW		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ELIAS, GEORGE JR.,		6.2 NAME		
STREET ADDRESS	777 BRICKELL AVE., SUITE 1111		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert S. Elias ALBERT S. ELIAS, PRES. 7/30/96 (305) 661-4506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #