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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **K40659** 1. Corporation Name

FIBERAND, INC.

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90049 044 ***150.00



Principal Place	of Business	Mailing Address									
7150 SW 62ND AVE.		7150 SW 62ND AVE.									
SUITE 103		SUITE 103					DO NOT WRITE IN THIS SPACE				
MIAMI FL 33143		MIAMI FL 33143				3. Date Incorporated or Qualifed					7
						10/20/1988	Qualifed				
		70 11-11-11				4. FEI Number			1 1	Applied For	-
	ace of Business	2a. Mailing Address								lot Applicable	┨
21		26	_			62-1406727	_			Additional	┨
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status I	Desired [)		Required	
22		27				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ł
City & State			City & State			6. Election Campaign F Trust Fund Contribut	- 1]		May Be to Fees	
23		28	<u></u>	ountry						10100	1
Zip	Country	Zip	30	Durin y		8. This corporation owe Personal Property Ta			ngible ∐Yes	MNo	
24	25	29	30	T		10. Name and Address					1
	9. Name and Address of Curre	nt Registered Agent		81 N	Name	10. Name and Address	or new negr	31010071	94		1
FI IA	S GEORGE J			''							1
ELIAS, GEORGE J 777 BRICKELL AVENUE					Street Addr	ress (P.O. Box Number is Not Acceptable)					
	E 111			1-1							┨
l	,			83							
MIAN	AI FL 33131			84 C	City			-	85 Zip	Code	1
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11. Pursuant i	to the provisions of Sections 607.056 agistered agent, or both, in the State	02 and 607.1508, Florida Statu	tes, the	above-na	amed corp	poration submits this statement	ent for the purp	pose of c	hanging it	is registered	ļ
office or re agent, I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Sta	ed by the atutes.	COPOIAM	ion's poard of directors. The	eby accept the	о арролі	arront do .	ogio.s.ss	ĺ
SIGNATURE	Clarecture hand or printed come of registered and	ent and title if applicable (NOT	F: Registers	red Agent sko	nature require	ed when reinstating)		DATE			
	Signature, typed or printed name of registered age		E: Registere		gnature require	ed when reinstating) ADDITIONS/CHANGE			DIRECT	ORS IN 12	
12.	OFFICERS A	ent and title if applicable. (NOT ND DIRECTORS	13			ed when reinstating) ADDITIONS/CHANGE			DIRECT		
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14. I 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 attachine power of the corporation of the corporation of the corporation of the corporation or the receiver of 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 attachine power of the corporation of

CITY-ST-ZIP, ~