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

DOCUMENT # K76759 (5)

1. Corporation Name
SIX SIGMA POLYMER CORP.

Principal Place of Business
~~2260 WEST 77TH STREET~~
~~HIALEAH FL 33016~~

Mailing Address
P.O. BOX 821610
S. FLORIDA FL 33082
US

2. Principal Place of Business
21 12399 SW 53 STREET
Suite, Apt #, etc.
22 SUITE 104
City & State
23 COOPER CITY, FL
Zip
24 33330
Country
25 US

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 03/31/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0116390 ☐ 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

DANIEL J. CHIODO
~~2260 WEST 77TH STREET~~
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2652 EDGEWATER DRIVE
83
84 City FT. LAUDERDALE FL 85 Zip Code 33332

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CHIODO, DANIEL J.		1.2 NAME	
STREET ADDRESS	~~2260 W 77TH ST~~		1.3 STREET ADDRESS	2652 EDGEWATER DRIVE
CITY-ST-ZIP	~~HIALEAH FL~~		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PASLEY, DIANE		2.2 NAME	
STREET ADDRESS	~~2260 W. 77TH ST.~~		2.3 STREET ADDRESS	16267 ERIE PLACE
CITY-ST-ZIP	~~HIALEAH FL~~		2.4 CITY-ST-ZIP	DAVIE, FL 33331
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	CLINTON, LISA		3.2 NAME	
STREET ADDRESS	~~2260 W. 77TH ST.~~		3.3 STREET ADDRESS	17930 NW 84 AVENUE
CITY-ST-ZIP	~~HIALEAH FL~~		3.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	CHIODO, LINDA		4.2 NAME	
STREET ADDRESS	~~2260 W. 77TH ST.~~		4.3 STREET ADDRESS	2652 EDGEWATER DRIVE
CITY-ST-ZIP	~~HIALEAH FL~~		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332
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	

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.

[redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-19-96 Daytime Phone #

CR2E034 (12/95)