

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:10

DOCUMENT # K83273 (8)

1. Corporation Name

DISPOSABLE PRODUCTS CORPORATION

Principal Place of Business

**% LINDA C. PATTY
434 VITTORIO AVENUE
CORAL GABLES FL 33146-2842**

Mailing Address

**% LINDA C. PATTY
434 VITTORIO AVENUE
CORAL GABLES FL 33146-2842**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/19/1989

3a. Date of Last Report
10/05/1994

4. FEI Number
65-0114182

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 franchise tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29

2. Principal Place of Business

26 Suite, Apt. #, etc

27 City & State

28 Zip

29

9. Name and Address of Current Registered Agent

**PATTY, LINDA C.
434 VITTORIO AVENUE
CORAL GABLES FL FL**

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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PD
PATTY, LINDA C.
434 VITTORIO AVE.
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**ST
PATTY, LINDA C.
434 VITTORIO AVE.
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**CEO
ROMAN, ALFRED M.
5314 ORDUNA DRIVE
CORAL GABLES, FL. 33146**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

**CEO
ROMAN, ALFRED M.
5314 ORDUNA DRIVE
CORAL GABLES, FL. 33146**

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119 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:

Linda Patty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

6/6/95

(305) 663-9082

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1995



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Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

SECRET
FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
05/11/1995

DOCUMENT # **K84962** (5)

1. Corporation Name

BLUEBERRY HILL FARM, INC.

Principal Place of Business

Mailing Address

% PETER A. MOOG
5900 N.W. 118TH ST
REDDICK FL 32686

% PETER A. MOOG
5900 N.W. 118TH ST
REDDICK FL 32686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1989

3a. Date of Last Report

06/24/1994

4. FEI Number

59-2956637

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**

6. This corporation has liability for intangible tax under S. 198.012,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOOG, PETER A.
5900 N.W. 118 ST
REDDICK FL 32686**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MOOG, PETER A.
STREET ADDRESS	5900 NW 118TH STREET
CITY, ST, ZIP	REDDICK FL
TITLE	ST
NAME	TRUJILLO, SANDRA
STREET ADDRESS	5900 NW 118TH STREET
CITY, ST, ZIP	REDDICK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), Florida Statutes. I further certify that the information included on the 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, as required, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95 (904)-732-9703

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1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K85864 (2)

1. Corporation Name

DNS INDUSTRIES, INC.

Principal Place of Business

3000 N. W. 125TH STREET
MIAMI FL 33167

Mailing Address

3000 N. W. 125TH STREET
MIAMI FL 33167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1989

3a. Date of Last Report

09/09/1994

4. FEI Number

65-0126980

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under § 192.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

27. City & State

28

City & State

Zip

24

Country

Zip

25

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERREMARK CORPORATE AGENTS, INC.
TERREMARK CENTER 19TH FLOOR
2601 SOUTH BAYSHORE DR.
MIAMI FL 33133-5460

81. Name

Lawrence M. Schantz, Esq.

82. Street Address (P.O. Box number is not acceptable)

Suite 1050, First Union Financial

83.

200 South Biscayne Blvd.

84. City

Miami

FL

85.

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

June 7, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SCHAECTER, DAVID
STREET ADDRESS 3000 NW 125TH ST
CITY ST ZIP MIAMI FL 33167

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE DEVP
NAME SHARF, MICHAEL
STREET ADDRESS 3000 NW 125TH ST
CITY ST ZIP MIAMI FL 33167

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE DEVP
NAME SCHAECTER, NEAL
STREET ADDRESS 3000 NW 125TH ST
CITY ST ZIP MIAMI FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE DS
NAME SCHAECTER MARVIS
STREET ADDRESS 3000 NW 125TH ST.
CITY ST ZIP MIAMI FL 33167

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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.

SIGNATURE:

Signature typed or printed name of signing officer or director

DAVID SCHAECTER

June 7, 1995