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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K84898 (1)

1. Corporation Name
CONSUMER PRODUCTS AMERICAS, INC.



Principal Place of Business
5980 MIAMI LAKES DR.
MIAMI LAKES FL 33014-2404

Mailing Address
5980 MIAMI LAKES DR.
MIAMI LAKES FL 33014-2467

3. Date Incorporated or Qualified
05/01/1989

3a. Date of Last Report
01/26/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0139593

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARRETT, RICHARD G.
1221 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|------------------------|
| TITLE | PD | 1.1 TITLE | P |
| NAME | FRIEDSON, DAVID | 1.2 NAME | |
| STREET ADDRESS | 5980 MIAMI LAKES DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | |
| NAME | SCHULMAN, HARRY D. | 2.2 NAME | |
| STREET ADDRESS | 5980 MIAMI LAKES DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT | 3.1 TITLE | |
| NAME | HONIG, BURTON A. | 3.2 NAME | |
| STREET ADDRESS | 5980 MIAMI LAKES DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | S |
| NAME | HEINLEIN, JOHN A. | 4.2 NAME | Solovei, Cindy |
| STREET ADDRESS | 5980 MIAMI LAKES DR. | 4.3 STREET ADDRESS | 5980 Miami Lakes Drive |
| CITY-ST-ZIP | MIAMI LAKES FL | 4.4 CITY-ST-ZIP | MIAMI LAKES, FL 33014 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 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 attachment with an address.

SIGNATURE: Cindy Solovei CINDY SOLOVEI 4/21/97 (305) 362-2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)