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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

K84898

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CONSUMER PRODUCTS AMERICAS, INC.

Principal Place of Business Mailing Address 5980 MIAMI LAKES DR. 5980 MIAMI LAKES DR. MIAMI LAKES FL 33014-2404 MIAMI LAKES FL 33014-2404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1989 2. Principal Place of Business Mailing Address Applied For 21 Not Applicable 26 65-0139593 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name GARRETT, RICHARD G. 1221 BRICKELL AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 2000 83 MIAM! FL 33131 84 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 agest and tale if applicable (NOTE Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change FRIEDSON, DAVID NAME 1.2 NAME 5980 MIAMI LAKES DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE D۷ Change Addition TITLE 2.1 TITLE NAME SCHULMAN, HARRY D. 2.2 NAME 5980 MIAMI LAKES DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE DT 3.1 TITLE HONIG, BURTON A. NAME STREET ADDRESS 5980 MIAMI LAKES DR 3.3 STREET ADDRESS Miami Lakes fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME SOLOVEI, CINDY 4. 2 NAME STREET ADDRESS **5980 MIAMI LAKES DRIVE** 4.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CHY-ST-ZIP 14. Thereby 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 suppliemental armual 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