

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 24 1996 8:00 am
Secretary of State

DOCUMENT # L32418 (0)

1. Corporation Name
INTERNATIONAL REINFORCED PLASTICS, INC.

Principal Place of Business: **9809 N.W. 80TH AVE. BAY #9U HIALEAH GARDENS FL 33016**
Mailing Address: **9809 N.W. 80TH AVE. BAY #9U HIALEAH GARDENS FL 33016**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-sections for Suite, Apt. #, City & State, and Zip.

3. Date Incorporated or Qualified: **11/28/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2985723**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RAFFA, THOMAS M.
8650 S.W. 133RD AVE. RD., #109
MIAMI FL 33183**

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 undersigned 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: *Thomas M. Raffa* DATE: **5/21/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAFFA, THOMAS M.	
STREET ADDRESS	8650 SW 133 AVE. RD. 109	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAFFA, ROBERT B.	
STREET ADDRESS	6950 NW 186 STREET, #408	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. LF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ST ADDRESS	
1. ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. LF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ST ADDRESS	
2. ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. LF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. ST ADDRESS	
3. ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. LF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. ST ADDRESS	
4. ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. LF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ST ADDRESS	
5. ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. LF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ST ADDRESS	
6. ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, 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 employed 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: *Thomas M. Raffa* DATE: **5/21/96** (305)
822-2252

CR2E034 (12/95)