

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L32418 (0)**  
 1. Corporation Name  
**INTERNATIONAL REINFORCED PLASTICS, INC.**



Principal Place of Business <b>9809 N.W. 80TH AVE.                  BAY #9U                  HIALEAH GARDENS FL 33016</b>	Mailing Address <b>9809 N.W. 80TH AVE.                  BAY #9U                  HIALEAH GARDENS FL 33016-2333</b>
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3. Date Incorporated or Qualified <b>11/28/1989</b>	3a. Date of Last Report <b>05/24/1996</b>
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2. Principal Place of Business 21 <b>2736 W. 77th Place</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hialeah, Florida</b> Zip Country 24 <b>33016</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>2736 W. 77th Place</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hialeah, Florida</b> Zip Country 29 <b>33016</b> 30 <b>USA</b>
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4. FEI Number <b>59-2985723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RAFFA, THOMAS M.  
 8650 S.W. 133RD AVE. RD., #109  
 MIAMI FL 33183**

10. Name and Address of New Registered Agent  
 81 Name **RAFFA THOMAS M.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**14610 Bull Run Road**  
 83 **Apt. #238**  
 84 City **Miami Lakes FL** 85 Zip Code **33014**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFFA, THOMAS M.</b>	1.2 NAME	<b>RAFFA, THOMAS M.</b>
STREET ADDRESS	<b>8650 SW 133 AVE. RD. 109</b>	1.3 STREET ADDRESS	<b>14610 Bull Run Rd. #238</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami Lakes, FL 33014</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFFA, ROBERT B.</b>	2.2 NAME	
STREET ADDRESS	<b>6950 NW 186 STREET, #408</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_

CR2E034 (9/96)