

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 APR -3 PM 5:29

DOCUMENT # M12301

(1)

1. Corporation Name

CORK SPECIALTIES, INC.

Principal Place of Business

**1454 NW 78 AVENUE
MIAMI FL 33128**

Mailing Address

**1454 NW 78 AVENUE
MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1985

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2501343

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**FIGUEROA, RAFAEL
1740 S.W. 23RD TERRACE
MIAMI FL 33145**

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 title if applicable

(NOTE: Registered Agent Signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FIGUEROA, RAFAEL
STREET ADDRESS	1740 S.W. 23RD TERR
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FIGUEROA, MERCEDES
STREET ADDRESS	1740 S.W. 23RD TERR
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BARRANCO, ORLANDO
STREET ADDRESS	8201 S.W. 91ST ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BARRANCO, TRINIDAD
STREET ADDRESS	8201 S.W. 91ST ST.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 authorized person or agent 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: RAFAEL FIGUEROA, PRESIDENT

3-28-95

305/477-1506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(14a)

(14b) (Type or Print)