## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

DOCUMENT # M42248

(8)

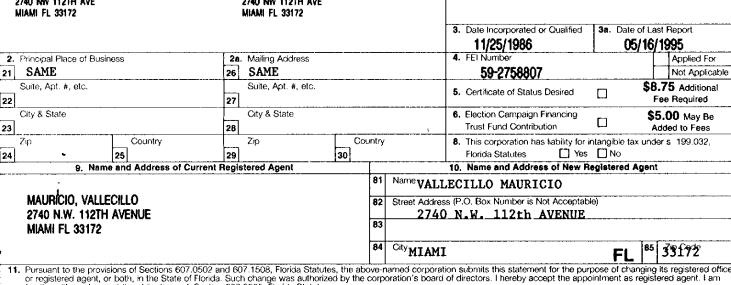
POLYPRODUCTS INCORPORATED

Principal Place of Business

Mailing Address

2740 NW 112TH AVE

2740 NW 112TH AVE



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: typod or printed name of registered agont and title if applicable; (NC 12. OFFICERS AND DIRECTORS		E: Registered Agent signature required	when reinstating: DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OFFICENS AND DIN	DELETE	1.1 TITLE	Change Addition
	•	Dittell		Critings I rodulon
NAME	VALLECILLO, MAURICIO		1.2 NAME	
STREET ADDRESS	2001 S.W. 142ND COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	
TITLE	VP .	☐ DELETE	2. 1 TITLE	Change Addition
NAME	VALLECILLO, YADIRA		2 2 NAME	
STREET ADDRESS	2001 S.W. 142 COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	
TrīlF		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3. STREET ADDRESS	
CHY-ST-ZIP			3 4 CITY-ST-ZIP	
THEE		□ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STHEET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CiTY-ST-ZIP	90001804233 -05/02/96010130@Change Addition
1 *LF		☐ DELETE	5 1 TITLE	-U5/U2/96U1[1]3U[[]Change [] Addition
NAME			5 2 NAME	***200.08
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	- $        -$
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	ر مار <u>.</u>
STREET ADDRESS			6 3 STREET ADDRESS	J 12
CITY-SI-ZIP			6.4 CITY-ST-ZIP	the appropriate stated in Costine 110 07/0/MA Florida State dog Liberthon

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 information indicated on this annual information indicated on this annual information indicated on the same legal effect as if made under oath; that I am an officer or director of 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 chapted and attachment with an address.

SIGNATURE:

APRIL 25 1996 305-599-0353

Daytime Phone #

CR2E034 (12/95)