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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sanora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M49063

(4)

ALLIED SPECIALTY CHEMICAL & INSTRUMENTATION, INC											
Principal Place of Business Maing Address							#10#11 011 01010 16111 46 110 0		DAA MUMAH MADAA	- 01834 01013 4081	
1500 SAN RE SUITE 210-AT CORAL GABL	RIUM BLDG	SUITE 210-ATRIUM BL	1500 SAN REMO AVENUE SUITE 210-ATRIUM BLDG CORAL GABLES FL 33146			9 Details	corporated or Qualified	Se Date	e of Last Re	anad	
						I	25/1987	l l	6/23/19	*	
2. Principal Place of Business		2a. Mailing Address					mber			Applied For	
Suito Ant + ete		Crite Ant # etc	Suite, Apl. #, etc.			58) -2809541	$\langle \cdot \rangle$		Not Applicable	
Suite, Apt. #, etc.		27	— ₁			5. Certifica	ate of Status Desired	K.		Additional Required	
City & State		City & State			6. Election	n Campaign Financing			O May Be		
3		28				und Contribution		Added	d to Fees		
Zip 4	Country 25	Zip 29	30 Cou	ntry			rporation has liability fo Statutes 🔲 Ye	r intangible ta es ∭No	ax under s	199.032,	
	9, Name and Address of Current	and the second second second second second second second					and Address of New		Agent		
	4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4		•	81	Name			—— Z ,———	- 7		
GROSSMAN, MARK D. 1500 SAN REMO AVENUE				82	Street A	Address (P.O. Box	Number is Not Accept	able)		·	
	IN HEMO AVENUE 10-ATRIUM BUILDING			83		THE THE PARTY OF T			4-1		
	GABLES FL 33146								T-1 5		
001110 000000 10 00110				84	City			FL	. 85 Ziç	p Code	
familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Section	on 607.0505, Florida Statut es	es, the abo ed by the c	ve-n corpo	named co oration's t	proporation submits t board of directors.	this statement for the p I hereby accept the ap	urpose of chi pointment as	anging its r registered	egistered office agent. I am	
SIGNATURE	Signature, typod or printed name of registered agent a	nd title if applicable. (NC	plicable. [NOTE Registered Agent signarsive repuir			equired when reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·		ADDITK	ONS/CHANGES TO OF			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	CPT Rodriguez, Haydee	☐ DELETE	1 170					Į	Change	Addition	
STREET ADDRESS 1500 SAN REMO AVENUE, S		HITE 210		.2 NAME .3 STREET ADDRESS			-	•			
CITY-ST-ZIF	CORAL GABLES FL 33146	DII & E 10	1		I-ZIP						
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NAME			2 2 NA		l						
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NAME			4. 1 11 4.2 N					ı	Change	L.J Addition	
STREET ADDRESS					ADDRESS						
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NAME			5.2 N			-[1000018343衛역 로 D Addition -05/22/3601039001				
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C(TY - ST - ZIP					I-716						
TITLE		☐ DELETE	6.17						Change	Addition	
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STREET ADDRESS			6.3 S1	REET	ADDRESS)	6'	
CITY-ST-ZIP			6.4 CI				40			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TA Loio horoby	r cortify that the information supplied w	ath thic tiling is upl interfly furt	vehori anci-	door	e not aus	ality for the evennelia	on stated in Section 11	ロカフクバルトモレ	wide Statut	oe Liurthor	

4. 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 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

SONATURE ON THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1996 305-271-7051

CR2E034 (12/95)