DOCU 1. Entity Nam	MENT	FORM BUSH # M87030 MPOSITE SYSTEMS		FILED Jul 25, 2001 8:00 am Secretary of State 01-30-2001 90226 044 ***150.00							
Principal Plac 7820 NW 7411 MIAMI FL 331	н ѕт	s	Mailing Address 7820 NW 74TH ST MIAMI FL 33166								
2. Principal Place of Business 3. Mailing Address								III EIEII BIUI		1611 84841 4681 1	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number APPLIED FOR Applied For Not Applicable					-
Zip	Country		Zip Count		Ý	5. Certificate of Status Desired			\$8.75 Additional Fee Required		1
	6. Name and Address of Current Registered Agent					7. N	lame and Address of New Reg		•		1
Lever, Alberto 7820 NW 74th St Miami Fl 33166					Name Street Address	(P.O. B	lox Number is Not Acceptable)		•		
					City			FL	Zip Code	9	
SIGNATURE . 9. This corpo Tax filing i	Signature, typed	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.		E: Registered A	Agent signature require \$ \$550.00 ee will be \$750	ed when re	ent, or both, in the State of Florid instating) 10. Election Campaign Finance Trust Fund Contribution.	DATE		0 May Be to Fees	-
11.	,	OFFICERS AND DI		12.			DITIONS/CHANGES TO OFFICE	RS AND E	DIRECTORS	S (N 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lever, Ai 15050 S.V Miami Fl		Delete	TITLE NAME STREET CITY - S	ADDRESS T-ZIP			(Change	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosete, 3901 SW Miramar	134TH AVENUE	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[_ Change	Addition	1 HO
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS T- ZIP			(🗋 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[_ Change	Addition	
13. I hereby of indicated of the correction of t	on this repo poration or th or on an atta	rt or supplemental report is true he receiver or trustee empower actment with a maddress, with	is filing does not qualify for ue and accurate and that n ared to execute this report all other like empowered. DEMNECOPUE TTED NAME OF SIGNING OFFICER	ny signatur as require	re shall have the d by Chapter 60	ection 1 same I 7, Florid	119.07(3)(i), Florida Statutes. I fur egal effect as if made under oath da Statutes; and that my name a 	i; that I arr opears in I	y that the in an officer Block 11 or 5 59	formation or director Block 12 if	2

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HONEYCOMB COMPOSITE SYSTEMS, INC.

rhmer

FAA Cert. # HYKR484K 7820 N.W. 74th Street • Miami, FL 33166-2314 Phone: (305) 594-1792 • Fax: (305) 592-7403

July 3, 2001

To: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RE: M87036 Honeycomb Composite Systems, Inc.

Dear Sir or Madam:

We received a letter from the Division of Corporations stating that the annual report was not filed. The Annual Report was timely filed and the check for \$ 150.00 was cashed accordingly. However there was a problem with the EIN #. According to the report the EIN# for Honeycomb Composite Systems, Inc. was applied for. I immediately call your office and spoke to a representative that look at the record and was able to determine that my corporation has been in business since 1988 and that my EIN# 65-0056242 has been filed since then. He took the number back over the phone and told me to disregard the letter. I didn't hear from you guys again until yesterday when I received a reinstatement report.

I kindly ask you to reinstate and wave the penalties, I have been in business since 1988 and the EIN# should be in my records since then.

Should you need to contact me please don't hesitate to call me at (305)-594-1792

Sincerely Yours Carlds E Controller