SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87500

(8)

FILED Aug 28 1997 8:00am Secretary of State

| PÓLYMER COMPOUNDS, INC. | | | | | |
|---|---|---------------------------------|--|--|---|
| | | | | # 10 D10 Cat 10 1 10 (t) 10 0 0 2 0 0 1 (1 0 0 1) 1 | MII MENII DIRII DINIA DINIA DINIA DINIA DINIA |
| | | | | | |
| Principal Plac | e of Business | Mailing Address | | | FBIL 91814 BIBIL BIBIL BIBIL BIBIL BIBIL FBBI |
| 1320 S DIXIE | | 1320 S DIXIE HWY | | | |
| SUITE 701 | | SUITE 701 | | | |
| CORAL GABL | ES FL 33146 | CORAL GABLES FL 3314 | 6 | DO NOT WRIT | E IN THIS SPACE |
| บร | | US | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 06/21/1988 | 04/05/1996 |
| · | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0067586 | Not Applicable |
| Suite, Apt. | #, etc. | Suite Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | S. Contineate of Status Desired | Fee Required |
| City & State | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zıp | Country | 8. This corporation owes or has p | |
| 24 | 25 | 29 | 30 | Personal Property Tax due Jun | |
| 550 | 9, Name and Address of Curren | t Registered Agent | 221 | 10. Name and Address of New R | egistered Agent |
| | NE V. MURAI | | 81 Name | | |
| | S.E. SECOND AVE. | | 82 Street Add | ress (P.O. Box Number is Not Accepte | able) |
| | ITE 90 0 | | | | , |
| MI/ | AMI FL 33131 | | 83 | | |
| | | | 84 City | | B5 Zip Code |
| | | | | | FL |
| 11. Pursuant | to the provisions of Sections 607.050; | 2 and 607.1508, Florida Statut | es, the above-named corp | poration submits this statement for the tion's board of directors. I hereby acce | purpose of changing its registered |
| agent. La | m familiar with, and accept the obliga | ations of Section 607.0505, Fig | autnorized by the corpora orida Statutes. | tion's board of directors. I hereby acce | opt the appointment as registered |
| SIGNATURE | | , | | | |
| O.G. T. T. O. T. | Signature, typed or printed name of registered age | nt and title if applicable (NOT | E: Rogistered Agent signature requ | ired when reinstating) | DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| TITLE | VAMED CHANN | L_ DELETE | 1.1 TITLE | | Change Addition |
| NAME | XAVIER, SIMON | | 1.2 NAME | | |
| STREET ADDRESS | 1320 S DIXIE HWY, STE 701 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | | | | |
| NAME | SIMPLY INTE | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| | SIMON, JAIME | ☐ DELETE | 2.1 TITLE 2.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | 1320 S DIXIE HWY., STE 701 | DELETE | | | ☐ Change ☐ Addition |
| 1 | | ☐ DELETE | 2.2 NAME 2.3 STREET ADDRESS | | ☐ Change ☐ Addilion |
| STREET ADDRESS CITY-ST-ZIP TITLE | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP | ☐ DELETE | 2.2 NAME | | Change Addition |
| CITY-ST-ZIP | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL | - | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | | |
| CITY-ST-ZIP TITLE NAME | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP | ☐ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE | ☐ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE 0/0 25 SE 2ND AVENUE, SUIT | □ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | Change Addition |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE 0/0 25 SE 2ND AVENUE, SUIT | ☐ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE 0/0 25 SE 2ND AVENUE, SUIT | □ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME | | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE 0/0 25 SE 2ND AVENUE, SUIT | □ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE 0/0 25 SE 2ND AVENUE, SUIT MIAMI FL | TE #900 DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME | | Change Addition Change Addition Change Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1320 S DIXIE HWY., STE 701 CORAL GABLES FL VP GRONZALEZ, ANNIE 0/0 25 SE 2ND AVENUE, SUIT MIAMI FL | TE #900 DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | Change Addition Change Addition Change Addition |
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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 suppliemental 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 acceiver or flustee 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 our in attachment with an address.

MATURE // MORA

18/12/97 305 44-14