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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32294** **(1)**

1. Corporation Name
INTERNATIONAL ADHESIVES CORP.

Principal Place of Business	Mailing Address
3125 JOHN P. CURCI DR., PEMBROKE PARK FL 33009	3125 JOHN P. CURCI DR., PEMBROKE PARK FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1990	3a. Date of Last Report 07/06/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 22-2314497	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLONCHAK, MORTON 3125 JOHN P. CURCI DR., PEMBROKE PARK FL 33009	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 _____ (NOTE: Registered Agent signature required when name(s) (Typed or printed name of registered agent and title if applicable) changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	C	☒ Change ☐ Addition
NAME	PLONCHAK, IRMA SOLOMON	12 NAME	PLONCHAK, IRMA SOLOMON	
STREET ADDRESS	20515 E COUNTRY CLUB DR.	13 STREET ADDRESS	6278 NW 23RD ST	
CITY ST ZIP	N MIAMI BCH. FL	14 CITY ST ZIP	BOCA RATON, FL 33434	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	PLONCHAK, MORTON	22 NAME	PLONCHAK, MORTON	
STREET ADDRESS	20515 E COUNTRY CLUB DR.	23 STREET ADDRESS	6278 NW 23RD ST	
CITY ST ZIP	N MIAMI BCH. FL	24 CITY ST ZIP	BOCA RATON, FL 33434	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	LERNER, FRANCES	32 NAME		
STREET ADDRESS	92 METRO VISTA DR.	33 STREET ADDRESS		
CITY ST ZIP	HAWTHORNE NJ	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: _____ **MORTON PLONCHAK** **4/28/95** **305-981-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D077370 CP