FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000003824 (9)

NEW ERA CHEMICAL CORP.

Principal Place of Business Mailing Address 2653 W. 76 ST 2653 W. 76 ST HIALEAH FL 33016 HIALEAH FL 33016-5616 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1992 03/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0368437 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žφ Country Zipi Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutos 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAMARGO, MAGALY 4767 EAST 10TH LANE 82 Street Address (F.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 City Zip Code 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 DILE Addition TITLE TAMARGO, MAGALY NAME 1.2 NAME 4767 EAST 10TH LANE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 Cilly - \$1 - 7(P TITLE DELETE 2.1 THILE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CiTY-S1-ZiP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TOUR NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ___ Addition TITLE 61 TITLE

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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. 9

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

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FILED

Apr 29 1997 8:00am

Secretary of State