FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000013613 (3)

1. Corporation Name

ESTRA CORPORATION

801 SNOWDAN DR. LAKEWORTH FL 33461 | 801 SNOWDAN DR. LAKEWORTH FL 33461

Principal Place of Business | Mailing Address

514 S. FEDERAL HWY
LAKE WORTH FL 33461
US

801 SNOWDEN DR.
LAKE WORTH FL 33461
US

MANUFACTURING

2. Principal Place of Business
21 801 SNOWDENDR
Suite, Apt. #, etc.
22
City & State
23 LAKE WORTH
Zip 24 FLA 33461 Country 25 PALM BEACH

2a. Mailing Address
26 801 SNOWDEN DR.
Suite, Apt. #, etc
27
City & State
28 LAKE WORTH
Zip 29 FLA 33461 Country 30 PALM BEACH

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 04/26/1995
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ESTRADA, SILVIO J
801 SNOWDEN DR.
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent
81 Name: SILVIO J. ESTRADA
82 Street Address (P.O. Box Number is Not Acceptable): 801 SNOWDEN DR. LAKEWORTH FLA 33461
83
84 City: LAKEWORTH FL 85 Zip Code 33461

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: SILVIO J. ESTRADA CEO DATE: MAY 9 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ESTRADA, SILVIO J	
STREET ADDRESS	514 S FEDERAL HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	STD	☒ DELETE
NAME	ESTRADA, KARIN M	
STREET ADDRESS	514 S FEDERAL HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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: SILVIO J ESTRADA CEO [signature] MAY 9 1996 4075826872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #