FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021842 (8)

1. Corporate Name
C.P.S. SAFETY PRODUCTS, INC.

Principal Place of Business
175 FOUNTAINE BLEU BLVD
1-N
MIAMI FL 33172
US

Mailing Address
175 FOUNTAIN BLEU BLVD
1-N
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Organized: 01/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 7350 NW 7 st.
Suite, Apt. #
22 # 106
City & State
23 MIAMI, FL
24 33126 25

2a. Mailing Address
26 7350 N.W 7st
Suite, Apt. #
27 #106
City & State
28 MIAMI, FL
29 33126 30

4. FEI Number: 65-0272259
Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Electronic Certificate Requested / Trust Fund Certificate: $5.00 May Be Added to Fees

8. Is this corporation authorized to transact business in the United States? Yes / No

9. Name and Address of Current Registered Agent
BARRIOS, MARTA E
175 FONTAINEBLEAU BLVD
SUITE 2K-6
MIAMI FL 33172

10. Name and Address of New Registered Agent
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 Section 607.0505 of the Florida Statutes, the undersigned agent hereby accepts the appointment as registered agent and agrees to act in this capacity. It is the duty of any registered agent to comply with the provisions of all statutes relative to the proper or complete performance of his/her duties, and the undersigned does hereby accept the appointment as registered agent and agree to comply with the provisions of Chapter 607 of the Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

Title	D
Name	BARRIOS, MARTA E
Street Address	9200 SW 37 ST
City, State, Zip	MIAMI FL 33165

13. ADDITIONAL NAMES OF OFFICERS AND DIRECTORS

Title / Name / Street Address / City, State, Zip — Change / Addition

14. I hereby certify that the information supplied with this report is accurate and that I am familiar with the requirements stated in Section 607.0501 Florida Statutes. I further certify that if an amendment is filed with the annual report or supplemental annual report, it has been or will be signed by the officer or director of the corporation or the person authorized to sign the report as required by Chapter 607 Florida Statutes and that my name appears in Block 12 or Block 13 of the report or is attached with an address.

SIGNATURE: 5/10/95 266-1080

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — Date — Area Code & Daytime Phone Number

0195511 CP