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 APR 24 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058255 (9)**

1. Corporation Name
FORMACOL, INC.

Principal Place of Business	Mailing Address
C/O KELLEY DRYE & WARREN 201 SOUTH BISCAYNE BLVD. STE. 2400 MIAMI FL 33131	C/O KELLEY DRYE & WARREN 201 SOUTH BISCAYNE BLVD. STE. 2400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Samuel C. Ullman	26 c/o Samuel C. Ullman
Suite, Apt. #, etc. 22 201 S. Biscayne Blvd.Ste.2400	Suite, Apt. #, etc. 27 201 So.Biscayne Blvd.Ste 2400
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131	Country 25 USA
Zip 29 33131	Country 30 USA

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	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM INC. 110 NORTH MAGNOLIA DRIVE STE. 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☐ Change ☒ Addition
NAME	STEINHAUSER, HANS U	12 NAME	Steinhauser, Hans U.	
STREET ADDRESS	4690 NORTHWEST 128TH STREET ROAD	13 STREET ADDRESS	4690 Northwest 128th Street Road	
CITY-ST-ZIP	OPA LOCKA FL 33054	14 CITY-ST-ZIP	Opa-locka, FL 33054	
TITLE		21 TITLE	S	☐ Change ☒ Addition
NAME		22 NAME	Steinhauser, Andrea A.	
STREET ADDRESS		23 STREET ADDRESS	4690 Northwest 128th Street Road	
CITY-ST-ZIP		24 CITY-ST-ZIP	Opa-locka, FL 33054	
TITLE		31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	Steinhauser, Angela	
STREET ADDRESS		33 STREET ADDRESS	4690 Northwest 128th Street Road	
CITY-ST-ZIP		34 CITY-ST-ZIP	Opa-locka, FL 33054	
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: _____ 4/12/95 305/372-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HANS U. STEINHAUSER

018043 CP