

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066380 (5)

1. Corporation Name
FLORIDA CONTAINERS CORP.

Principal Place of Business Mailing Address
1332 WEST 42ND PLACE 1332 WEST 42ND PLACE
HALEAH FL 33012 HALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/23/1993 04/12/1994

2. Principal Place of Business 2a. Mailing Address
21 **2505 N.W. 74 Street** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
65-0438095 Not Applicable

22 27
City & State City & State

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 **Miami, FL.** 28
Zip Country Zip Country

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24 **33166** 25 **U.S.** 29 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

**GONZALEZ, ALINA M
1332 WEST 42ND PLACE
HALEAH FL 33012**

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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | D | 1 1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GONZALEZ, ALINA M | 1 2 NAME | M. RENE PEREZ |
| STREET ADDRESS | 1332 WEST 42ND PLACE | 1 3 STREET ADDRESS | 6485 W. 27th Ct. Bldg #50 Apt #24 |
| CITY - ST - ZIP | HALEAH FL 33012 | 1 4 CITY - ST - ZIP | HALEAH FL 33016 |
| TITLE | D | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, MERCEDES | 2 2 NAME | |
| STREET ADDRESS | 6845 N.W. 109TH TERRACE | 2 3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33016 | 2 4 CITY - ST - ZIP | |
| TITLE | | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3 4 CITY - ST - ZIP | |
| TITLE | | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4 4 CITY - ST - ZIP | |
| TITLE | | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5 4 CITY - ST - ZIP | |
| TITLE | | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6 4 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 110.07(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 its 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 in an attachment with an address.

SIGNATURE: *Alina M. Gonzalez* (Alina M. Gonzalez) 4/26/95 305-556-4255
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR (Date) (Telephone #)