FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076577 (4)

1. Corporate Name
ASTRAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
7869 BAYBERRY RD JACKSONVILLE FL 32256	7869 BAYBERRY RD JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Country (25)
Zip (29)
Country (30)

4. FEI Number: 59-3207335 ☐ 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

CORBERA, BERNARD
7869 BAYBERRY RD
JACKSONVILLE FL 32256

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 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 of New Registered Agent, if changed) NOTE: Registered Agent signature required when name changed DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CORBERA, BERNARDO	12 NAME	
STREET ADDRESS	7869 BAYBERRY RD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PLANES, JOAN P	22 NAME	
STREET ADDRESS	CARRER DELS AMETLLERS #6	23 STREET ADDRESS	
CITY-ST-ZIP	BARCELONA, SPAIN	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BALLARD, PEDRO B	32 NAME	
STREET ADDRESS	CARRER DELS AMETLLERS #6	33 STREET ADDRESS	
CITY-ST-ZIP	BARCELONA, SPAIN	34 CITY-ST-ZIP	
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 hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] BERNARDO CORBERA 2/20/95 904 739 9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0020857 CP