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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000076577 (4)

DOCUMENT # P9

1. Corporation Name

ASTRAL PRODUCTS, INC.

ASTF	RAL PRODUCTS, INC.	···								
Principal Place of Business Mailing Address							4 750178 Q1 119 18188 31510 \$\$100 I	18401 MBILL MARI	1 1001E <b>4</b> 14	DI BIERI 1884 1884 199
7869 BAYE JACKSON	VILLE FL 32256		7869 BAYBERRY F JACKSONVILLE FL							
							3. Date Incorporated or Qualified 11/01/1993	3a. Date	∋ of Last 03/01	Report /1995
2. Principal Pla 21	ace of Business		. Mailing Address				4. FEI Number 59-3207335	_ <del></del>		Applied For
Suite, Apt. #	t, etc.	26	Suite, Apt. #, etc.				33 0207 030			Not Applicable
22		27	1				5. Certificate of Status Desired			75 Additionat e Required
City & State			City & State				6. Election Campaign Financing			00 May Be
Zip	00.00	28		·		<del></del>	Trust Fund Contribution		Ado	ded to Fees
2.ip 24]	Country 25	29	Zip Country			<i>f</i>	8. This corporation has liability for		ax under	s 199.032,
	9. Name and Address of Curre		tered Agent	30	Ţ-		Florida Statutes Yes  10. Name and Address of New F	No Begistered	Agent	
					81	Name	10. Hamb and Rouless of New P	iagistered .	Agent	
	era, Bernard				82	Ct-1-1 A-1	(D.O. Doy Ni seharia Net Assessed		·····	
7869 BAYBERRY RD						Street Ad	treet Address (P.O. Box Number is Not Acceptable)			
JACKS	SONVILLE FL 32256				83					
					84	City				7io Code
44 5						1 - 3		FL	1 1	Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	da Such ion 607.	n change was authoriz 0505, Florida Statute	zed by the s.	corp	oration's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	pose or cha pintment as	registere	registered office ad agent. I am
S	Signature, typed or printed name of registered agent			OTE Registere	ad Ager	nt signature requi	red when reinstating!	DATE		
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
NAME	CORBERA, BERNARDO		DELETE		TITLE				Change	e 🔲 Addition
STREET ADDRESS	7869 BAYBERRY RD				NAME Expert	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256				SINEE City-S					
TITLE	D		☐ DELE1E		TITLE	21-21			Change	Addition
NAME	PLANES, JOAN P			2.21	NAME			_	J ******	
STREET ADDRESS	CARRER DELS AMETLLER	S #6		2.3 9	Street	ADDRESS				
CITY-ST-ZIP	BARCELONA, SPAIN	~ <del>~</del> .		240	CITY-S	T - 2IP				
TITLE	BALLARD, PEDRO B		DELETE	3 1	TITLE				Change	Addition
NAME STHEET ADDRESS	CARRER DELS AMETILIER	246			NAME					
DITY-ST-ZIP	BARCELONA, SPAIN	J #U				ADDRESS				
TITLE			DELETE		DITY-S' THLE	T · ZIP			7.05	
NAME			besc.E		VAME			L	] Change	Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					DITY-SI					
TITLE			DELETE		TITLE				Change	Addition
NAME				521	IAME			_		
STREET ADDRESS				538	STREET	ADDRESS				
DITY-ST-ZIP				5.4 0	HY-SI	T-2IP				
TITLE			☐ DELETE	6. 1					] Change	☐ Addition
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP 14. I do hereby	certify that the information supplied in	vith this f	filing is voluntarily from	ichod and	ITY-SI	not augite	for the exemption stated in Section 119.0	27/02/2		
							not the exemption stated in Section 119.6 atte and that my signature shall have the a atte and that my signature shall have for, Fic is report as required by Chapter 607, Fic			

SIGNATURE: BERNAPDO COPBERA 4/ 196 904739 9805