CORPORATION
AMENDED
ANNUAL REPORT
1994 95

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 21 PM 12:09

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DOCUMENT # P93000084854 (7)

Corporation Name

FIRE KING MFG., INC.

Mailing Address

Principal Place of Business

750 N.W. 36th ST.
MIAMI, FL. 33127

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Mailing Address	2a. Principal Place of Business 26	3. Date Incorporated or Qualified 12/13/1993	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0488641	Applied For / Not Applicable
City & State	City & State 28	5. Certificate of Status Desired $8.75 Additional Fee Required XX	6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees
Zip / Country 25	Zip / Country 29 30	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, OVIDIO
750 N.W. 36th STREET
MIAMI, FL. 33127

10. Name and Address of New Registered Agent

81 Name VICTOR ABISLAIMAN
82 Street Address (P.O. Box Number is Not Acceptable) 5110 N.W. 2 ave
83
84 City MIAMI FL 85 Zip Code 33127

Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: X [signature] 6/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. CHANGE TO OFFICERS AND DIRECTORS
11 TITLE	President, Treasurer & Director	11 TITLE
12 NAME	VICTOR ABISLAIMAN	12 NAME
13 STREET ADDRESS	5110 N.W. 2nd ave	13 STREET ADDRESS
14 CITY-ST-ZIP	Miami, Fl. 33127	14 CITY-ST-ZIP
21 TITLE	Vice-President, Secretary & Director	21 TITLE
22 NAME	SISY ABISLAIMAN	22 NAME
23 STREET ADDRESS	5110 n.w. 2nd ave	23 STREET ADDRESS
24 CITY-ST-ZIP	Miami, Fl. 33127	24 CITY-ST-ZIP
31 TITLE		31 TITLE
32 NAME		32 NAME
33 STREET ADDRESS		33 STREET ADDRESS
34 CITY-ST-ZIP		34 CITY-ST-ZIP
41 TITLE		41 TITLE
42 NAME		42 NAME
43 STREET ADDRESS		43 STREET ADDRESS
44 CITY-ST-ZIP		44 CITY-ST-ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY-ST-ZIP		54 CITY-ST-ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 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)(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 the receiver or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 6/9/95 633-2327
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #