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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000031896 (1)

1. Corporation Name

AUTOPAK INTERNATIONAL CORPORATION

Principal Place of Business

P.O. BOX 924947
HOMESTEAD FL 33082-4947

Mailing Address

P.O. BOX 924947
HOMESTEAD FL 33082-4947



2. Principal Place of Business P.O. Box 562001 2a. Mailing Address P.O. Box 562001

21 Miami, FL 33256-2001

26 Miami, FL 33256-2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 Miami FL

24 Zip 33256-2001 Country U.S.A.

29 Zip 33256-2001 Country U.S.A.

9. Name and Address of Current Registered Agent

ARTHUR, ROBERT A
9061 SW 156 ST APT. A115
MIAMI FL 33157

3. Date Incorporated or Qualified
04/27/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0489385

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

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

Robert A. Arthur

ROBERT A. ARTHUR

4-24-97

Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PM
NAME ARTHUR, ROBERT A
STREET ADDRESS 9061 SW, 156 ST.
CITY-ST-ZIP MIAMI FL 33157

DELETE

TITLE C
NAME LATCHMANNA, RAJOO
STREET ADDRESS 236 SYDNEY RD.
CITY-ST-ZIP DURAN NATAL SOUTH AFRICA NA

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PM
1.2 NAME ARTHUR, ROBERT A.
1.3 STREET ADDRESS 9061 SW 156 ST., APT. B221
1.4 CITY-ST-ZIP MIAMI, FL. 33256

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

Robert A. Arthur

4-24-1997

(305) 255-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0161102

CR2E034 (9/96)