FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033366 (3)

1. Corporation Name
MIAMI ELASTICS CORP.

Principal Place of Business	Mailing Address
5260 NW 196TH TERRACE MIAMI FL 33055	5260 NW 196TH TERRACE MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
2. / 2a.	21 9811 N.W. 80 AVE.	26 9811 N.W. 80 Ave.
Suite, Apt. #, etc.	22 # 7R	27 # 7R
City & State	23 HIALEAH GARDENS	28 HIALEAH GARDENS
Zip / Country	24 33016 / 25 DADE	29 33016 / 30 DADE

4. FEI Number: 65-0486162 — 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 § 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

URBINA, ANDRES
5260 NW 196TH TERRACE
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name: Andres Urbina
82 Street Address (P.O. Box Number is Not Acceptable): 9811 N.W. 80 AVE.
83 #7R
84 City: HIALEAH GARDENS FL — 85 Zip Code: 33016

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] 1-16-95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P. S. D	☑ Change ☐ Addition
NAME	URBINA, ANDRES	12 NAME	Andrés Urbina	
STREET ADDRESS	5260 NW 196TH TERRACE	13 STREET ADDRESS	5260 N.W. 196 Terrace	
CITY ST ZIP	MIAMI FL 33055	14 CITY ST ZIP	MIAMI, FL.	
TITLE	~~SD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~URBINA, LETICIA~~	22 NAME		
STREET ADDRESS	~~5260 NW 196TH TERRACE~~	23 STREET ADDRESS		
CITY ST ZIP	~~MIAMI FL 33055~~	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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 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)(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 added to the report with an address.

SIGNATURE: [signature] 1-16-95 305-556-7770
SIGNATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0102446 CP