

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045378 (4)

1. Corporation Name

THE CUTTING CONNECTION, INC.



Principal Place of Business

2285 NW 150 STREET
OPALOCKA FL 33054
US

Mailing Address

2285 NW 150 ST STREET
OPALOCKA FL 33054
US

2. Principal Place of Business

21 2365 N.W. 147th St.

Suite, Apt. #, etc.

22

City & State

23 Opa. Lucka - FL

Zip

24 33054

Country

25 U.S.A.

2a. Mailing Address

26 2365 N.W. 147th St.

Suite, Apt. #, etc.

27

City & State

28 Opa. Lucka - FL

Zip

29 33054

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0499095

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

BEUTEZ, LISSETTE
C/O RICHARDS
2665 S BAYSHORE DR, STE. 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

8. Name

Lisette Bonitez

82. Street Address (P.O. Box Number is Not Acceptable)

2501 Brickell Ave. # 304

83

84. City

Miami

FL

85. Zip Code

33129

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

(If Other Registered Agent Signature Required When Renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
BELMONTE, ANDRE P
2285 NW 150 STREETD
OPALOCKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BELMONTE, NATALIE
2285 NW 150 STREET
OPALOCKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(c), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Belmonte

377 4-2296 305-481-3875

Date: Days in Parenthesis

CR2E034 (12/95)