

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAR 30 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053614 (1)

1. Corporation Name

CHEMICAL CONSULTANTS GROUP, INC.

Principal Place of Business

6890 NORTHWEST 35 AVENUE
MIAMI FL 33147

Mailing Address

6890 NORTHWEST 35 AVENUE
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0515656

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

MORRIS MOSS
6890 N.W. 35 AV
MIAMI FL 33147

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 607.0902 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

Morris Moss

3-27-95

(Signature: typed or printed name of registered agent and title if applicable)

(DATE: Registered Agent signature required when receding)

DATE

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: MOSS, MORRIS
STREET ADDRESS: 6890 NORTHWEST 35 AVENUE
CITY, ST, ZIP: MIAMI FL 33147

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
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CITY, ST, ZIP:

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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS: 700001444477
4. CITY, ST, ZIP: -03/31/95--01013--006

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS: ***200.00
8. CITY, ST, ZIP: ***200.00

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

DA
3-30

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 the 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Morris Moss

3-14-95

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

(Signature: typed or printed name of registered agent and title if applicable)

MORRIS MOSS