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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000061726 (3)

1. Corporation Name

LAKES CUTTING, INC.

Principal Place of Business

WIRKPATRICK & LOCKHART
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

Mailing Address

440-450 W 27TH STREET
201 S. BISCAYNE BLVD., SUITE 2000
HIALEAH FL 33010
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1002 Arentzen Blvd.

27 Suite, Apt. #, etc.

28 Charleroi PA

29 Zip

30 Country

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

03/14/1996

4. FEI Number

65-0510221

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

SURBEY, D. RONALD
201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD

NAME ESCOBAR, FRANCISCO

STREET ADDRESS 440-450 W 27 STREET

CITY-ST-ZIP HIALEAH FL

TITLE VP

NAME KAMINSKI, EDWARD

STREET ADDRESS 440-450 W 27 STREET

CITY-ST-ZIP HIALEAH FL

TITLE VP

NAME GITOMER, MARK

STREET ADDRESS 440-450 W 27 STREET

CITY-ST-ZIP HEALEAH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSD

ESCOBAR, FRANCISCO

99A AVENIDA NORTE #630

SAN SALVADOR, EL SALVADOR

VP

MARK GITOMER

1002 ARENTZEN BLVD

CHARLEROI, PA 15022

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 on an attachment with an address.

SIGNATURE:

Mark Gitomer

3/26/97

412 483-5543

CR2E034 (9/96)