

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

5-1-96 B-5568 -C

DOCUMENT # P94000081750 (9)

1. Corporation Name

MONTPAK, INC.



Principal Place of Business

Mailing Address

~~1101 HOLLAND DR~~
~~STE 7~~
~~BOCA RATON FL 33487~~
US

~~1101 HOLLAND DR~~
~~STE 7~~
~~BOCA RATON FL 33487~~
US

2. Principal Place of Business

2a. Mailing Address

21 5405 NW 102nd AVE

26 →

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 211

27 →

City & State

City & State

23 SUNRISE, FL 33351

28 →

Zip

Country

Zip

Country

24 25 BROWARD

29 →

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTERO, MANNY

1101 HOLLAND DR

STE 7

BOCA RATON FL 33487

81 Name

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

5405 NW 102nd AVENUE #211

83

84 City

SUNRISE

FL

85 Zip Code

33351

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 the individual

(Print or type name of Agent, signed and dated when filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	MONTERO, MANUEL V	2266 NORTHWEST 39 AVENUE	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10397 NW 14 th PLACE	CORN SPRINGS, FL 33071		

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 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

4/21/96

(954) 741-1400

Title

Desktop Phone #

CR2E034 (12/95)