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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVIS:ON OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000027497 (3)

ISLANDER CUTTING SERVICE INC

Principal Place of Business Mailing Address								; IMBNIQUE HIR IMIMI MINI MANUE R	1944 40 001 40 00 0	HABII HABII A	TION IN ILE TO A	
1095 E. 27TH STREET HIALEAH FL 33(1)3			1095 E. 27TH STREET HIALEAH FL 33013									
								3. Date Incorporated or Qualified 04/06/1995	3a. Date	of Last F	Report	
<u> </u>	ace of Business	 7	Mailing Address					4. FEI Number			Applied For	
Suito Apt	H oto	26						65-051039	6.		Not Applicable	
Suite, Apt. #, etc. 22 City & State			Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required	
23		28	City & State					6. Election Campaign Financing Trust Fund Contribution			0 Мау Ве	
Zip	Country		Zip	C	ountry	,					d to Fees	
24	25		30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No					
	9. Name and Address of Curre	nt Regist	ered Agent		Ι		1	0. Name and Address of New F		Agent		
					81	Nam				<u> </u>		
	MAGALLY N.W. 10TH STREET				82	Stree	t Address	Address (P.O. Box Number is Not Acceptable)				
PEMBROKE: PINES FL 33029					83	ļ <u> </u>						
					84	City				00 7	p Code	
11 Pursuant to	the provisions of Sections 607 DEDS	and 607	1500 51-24-0			' '			<u> </u>	1	•	
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 asylicable. (NOTe: Registered Agent signature required when reinstating) LATE												
12.	OFFICERS AN			13		n aigrizione	E PECCEPO WINE	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DES IN 12	
TITLE	D		DELETE	1. 1	TITLE		T	725/10/13/51/71/42/51/5		Change	Addition	
NAME	LUIS, MAGALLY			1.2	NAME				_			
STREET ADDRESS	19430 N.W. 10TH STREET			1.3	STREET	ADDRESS	;					
CITY-ST-ZIP	PEMBROKE PINES FL 3302	9		1.4	CITY - S	T-ZIP						
TITLE	D		DELETE	2. 1	TITLE] Change	☐ Addition	
NAME	LUIS, JOSE R			22	NAME							
STREET ADDRESS	19430 N.W. 10TH STREET			23	STREET	ADDRESS	;					
CITY-ST-ZIP	PEMBROKE PINES FL 3302	9		24	CITY-SI	T-ZIP	<u> </u>					
TITLE			☐ DELETE	3.1	TITLE		i	,		Change	☐ Addition	
NAME				3.21	MAME							
STREET ADDRESS				3.3	STREET	ADDRESS	5					
TITLE			C3 00:516		CITY-ST	T - ZIP			<u>-</u> .	<i></i>		
NAME.			DELETE	- 1	TITLE] Change	☐ Addition	
STREEL ADDRESS					NAME							
CITY-S1-ZIP						ADDRESS						
TITLE			[] DELETE		HTTLE	T - ZIP	 					
NAME			C) vice is		TITLE		1) Change	☐ Addition	
STREET ADDRESS					IAME	YDDDCCC						
CrTY-ST-ZiP						ADDRESS	1					
TITLE		···	DELETE		TITLE	1 - 211				Chance	- Iddition	
NAME					IAME				L] Change	☐ Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					HTY-ST							
	certily that the information supplied y	vith this fi	ling is voluntarily furni	shed and	does	not qu	alify for the	exemption stated in Section 119.0	07(3)(k), Flori	da Statuti	es. I further	

oath; that I am an officer or director of the bot solution 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 changeb, dray an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED TA PRINTED NAME OF

JOSE ING OFFICER OR DIRECTOR

Lois

4/18/56

305-696 804C