

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 # P95000027770 (3)

1. Corporation Name

CUTTING ONLY CORPORATION



Principal Place of Business

Mailing Address

2400-B W. 8TH LANE
HIALEAH FL 33010

2400-B W. 8TH LANE
HIALEAH FL 33010

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

MARTINEZ-CID, RICARDO
1699 CORAL WAY
SUITE 510
MIAMI FL 33145

81 Name
MANUEL SMILOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)
2400-B WEST 8TH LANE

84 City
HIALEAH,

FL 85 Zip Code
33010

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: *Manuel Smilowitz* MANUEL SMILOWITZ

4/23/96

(Signature, typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME SMILOWITZ, MANUEL
STREET ADDRESS 2400-B N.W. 8TH LANE
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☐ DELETE
NAME SMILOWITZ, MANUEL
STREET ADDRESS 2400-B N.W. 8TH LANE
CITY-ST-ZIP HIALEAH FL 33010

TITLE PVST ☒ DELETE
NAME SMILOWITZ, JAY
STREET ADDRESS 2400-B N.W. 8TH LANE
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☒ DELETE
NAME SMILOWITZ, JAY
STREET ADDRESS 2400-B N.W. 8TH LANE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2400 -B W. 8th LANE
HIALEAH, FL. 33010

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2400-B W. 8th LANE
HIALEAH, FL. 33010

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP
SMILOWITZ, JAY
2400-B W. 8TH LANE
HIALEAH, FL. 33010

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
SMILOWITZ, JAY
2400-B W. 8th LANE
HIALEAH, FL. 33010

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

***200.00

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 in an attachment with an address.

SIGNATURE:

Manuel Smilowitz MANUEL SMILOWITZ

Date

4/23/96 (305) 884-5554

(Signature and typed or printed name of signing officer or director)

Daytime Phone

CR2E034 (12/95)