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 # **P95000034159 (0)**

1. Corporation Name

RECYPLAST, INC.

Principal Place of Business	Mailing Address
421-B SHREARER BOULEVARD COCOA FL 32922	421-B SHREARER BOULEVARD COCOA FL 32922

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 7191 C N. Atlantic Ave.
Suite, Apt. #, etc.
22
City & State
23 Cape Canaveral, Fl
Zip
24 32920
Country
25 U.S.

2a. Mailing Address
26 7191 C N. Atlantic Ave.
Suite, Apt. #, etc.
27
City & State
28 Cape Canaveral, Fl
Zip
29 32920
Country
30 U.S.

4. FEI Number: 58-2167630 — Applied For / Not Applicable

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 is liable for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SANCHEZ, HAROLD
421-B SHREARER BOULEVARD
COCOA FL 32922

10. **Name and Address of New Registered Agent**

81 Name: Sanchez, Harold
82 Street Address (P.O. Box Number is Not Acceptable): 7191 N. Atlantic Ave.
83
84 City: Cape Canaveral — FL — 85 Zip Code: 32920

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] — DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	SANCHEZ, CATALINA I
STREET ADDRESS	421-B SHREARER BOULEVARD
CITY-ST-ZIP	COCOA FL 32922
TITLE	D ☐ DELETE
NAME	SANCHEZ, HAROLD
STREET ADDRESS	421-B SHREARER BOULEVARD
CITY-ST-ZIP	COCOA FL 32922
TITLE	D ☐ DELETE
NAME	PEREZ, ROSARIO
STREET ADDRESS	421-B SHREARER BOULEVARD
CITY-ST-ZIP	COCOA FL 32922
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D ☑ Change ☐ Addition
1 NAME	Sanchez, Catalina I.
1 STREET ADDRESS	7191 C N. Atlantic Ave
1 CITY-ST-ZIP	Cape Canaveral, Fl 32920
2 TITLE	D ☑ Change ☐ Addition
2 NAME	Sanchez, Harold
2 STREET ADDRESS	7191 C N. Atlantic Ave
2 CITY-ST-ZIP	Cape Canaveral, Fl 32920
3 TITLE	D ☐ Change ☐ Addition
3 NAME	Perez, Rosario
3 STREET ADDRESS	7191 C N. Atlantic Ave
3 CITY-ST-ZIP	Cape Canaveral, Fl 32920
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

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 report or supplemental 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

CR2E034 (12/95)