

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000041563 (4)

1. Corporation Name

CERTIFIED SPECIALTY ADDITIVES CORP.



Principal Place of Business

~~545 W. 37 STREET~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~545 W. 37 STREET~~
~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1995

4. FEI Number

65-0583206

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 c/o Honey L. Kober, Esq.

Suite, Apt. #, etc.

22 777 Brickell Ave. #500

City & State

23 Miami, FL

Zip

24 33131

Country

25 Miami-Dade

2a. Mailing Address

26 c/o Honey L. Kober, Esq.

Suite, Apt. #, etc.

27 777 Brickell Ave. #500

City & State

28 Miami, FL

Zip

29 33131

Country

30 Miami-Dade

9. Name and Address of Current Registered Agent

HOLZER, DAVID

~~545 W. 37TH ST.~~

~~MIAMI BEACH FL 33140~~

10. Name and Address of New Registered Agent

81 Name

Honey L. Kober, Esq.

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

777 Brickell Avenue, Suite 500

83

84 City

Miami

FL

85 Zip Code

33131

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

Honey L. Kober

Honey L. Kober, Esq.

3/9/98

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

(NOT IT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PGT~~ ☐ DELETE

NAME HOLZER, DAVID
STREET ADDRESS 545 W. 37 STREET
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ~~VP~~ ☐ DELETE

NAME HOLZER, RONA
STREET ADDRESS 545 W. 37TH STREET
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE P/T/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP/S/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

305-672-3233

CR2E034 (10/97)