· · · · · · · · · · · · · · · · · · ·	E NOW: FILING FE	E AFTER I	MAY 1 IS	\$ \$225.00			
COP ANNL	PROFIT RPORATION JAL REPORT 1996		Sandra B Secreta	RTMENT OF STATE B. Mortham ry of State CORPORATIONS			
DOCUI	MENT # P950	000445	78 (9)				
•	CHEMICAL CORP.						BI BI I BI III PB BI I I BI I I BI I
Principal Place of Business Mailing Address							
7816 NE 2NI MIAMI FL 33		7816 NE Miami F	2ND AVE L 33138				
					3. Date Incorporated or Qualifie 06/09/1995	d 3a. Date o	Last Report
2. Principal Pl	lace of Business	2a. Mailing	Address		4. FEI Number		Applied For
Suite, Apt.	#, etc.	26 Suite. A	Apt. #, etc.				Not Applicable \$8.75 Additional
City & State	Δ	27 City 8 :			5. Certificate of Status Desired		Fee Required
:3		28		F = 3 3 1 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip :4	Country 25]	Zip 29		Country 30	8. This corporation has liability f	or intangible tax i ∕es ∷No	under s 199.032,
···	9. Name and Address of Cui	rent Registered A	gent	81 Name	10. Name and Address of Nev	v Registered Ag	jent
TALLAH	AYS STREET 1A8SEE FL 32301-2525 to the provisions of Sections 6/10	50/ Jid 607.1508.	Florida Statutes	83 84 City	Address (P.O. Box Number is Not Accept the Company of the Company	FL	85 Zip Code 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
or register familiar wi SIGNATURE	red agent, or both, in the state of Filth, and accept the objection of S	SOMETERS ESTUDIO CONSIDERA	a was alimonzed	by the corporation's	board of directors. I hereby accept the a	ppointment as re	gistered agent. I am
12.	Signature, typed outring Company	AND DIRECTORS	/ (NOTE	Registered Agent signature in		DATE	
	OP	· · · · · · · · · · · · · · · · · · ·] DELETE		ADDITIONS/CHANGES TO C		HECTORS IN 12
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6 4 CITY-ST-ZIP 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 final 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 proposition of the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 in attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR