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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P95000045933 (5)**1. Corporation Name

FELCO BROTHERS INC.									
Principal Place of Business 1922 WEST AVENUE MIAMI BEACH FL 33139			•	Mailing Address 1822 WEST AVENUE MIAMI BEACH FL 33139				! I AGUITOON AND FOLON SINIT OURTH DON'N BOWN BOWN DISON WITH AND	
								3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1995	
2. Principal Pla	ace of Busin	ness	F	Mailing Address				4. FEI Number Applied Applied 65 - 0590167 Not App	
Suite, Apt #, etc.				Suite, Apt. #, etc.				\$9.75 Addition	
22				27				5. Certificate of Status Desired Fee Require	
City & State				City & State				6. Election Campaign Financing \$5.00 May	
Zip Country			28	Zip Country				Trust Fund Contribution Added to Fee 8. This corporation has liability for intangible tax under s 199.03	
24	25		29	30				Florida Statutes Yes No	"
	9. Name	and Address of C	urrent Regis	tered Agent		81 N		10. Name and Address of New Registered Agent	
WHITE, .	IAV						ame		
	ND AVEN	UF				82 St	reet Addres	iss (P.O. Box Number is Not Acceptable)	
#200									
MIAMI FI	L 33132				-	84 Ci	tv	▶ 85 Z ₁ p Code	
							•	FL	
or registere	ed agent, or	both, in the State o	f Florida. Such	i change was authori	ized by the c	/e-name orporati	ed corporati on's board	tion submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent.	d office I am
familiar with	h, and acce	ept the obligations of	, Section 607.	0505, Florida Statute	es.				
SIGNATURE _	Signature, lypeo	or printed name of registers	d agent and title if a	ippicable (N	D1E: Registered a	Agent agri	ature required w	when reinstating) [JAT]	l,
12.			S AND DIREC		13.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
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NAME		G, ISRAEL			1.2 NA	ME			
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NAME					6.2 NAI	ME			
STREET ADDRESS					63 STF	EET AODR	ESS		
City-St-ZiP	, cortify that	the information eve	nlied with this	filing is valuntarily 6		Y - ST - ZIP		r the exemption stated in Section 119.07(3)(k), Florida Statutes. I furt	hor
certify that	the informa	tion indicated on this	s annual report	t or supplemental ani	nual report is	true an	d accurate	e and that my signature shall have the same logal effect as if made u	inder
oatn; tnat t appears in	Block 12 o	er or birector of the r Block 13 if change	corporation or d, of on an att	the receiver or trusti achment with an add	ee empowere Iress.	ex to ex	ecute this r	report as required by Chapter 607, Florida Statutes; and that my na	me [
SIGNAT	URE:	SIGNATURE AND TY	PED OR PRINTED	NAME OF SIGNING OFFIC		ES,		424/96 (305) 674-9	5010
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