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 # **P95000063930 (8)**

1. Corporation Name

SOUTHEAST FOAM CORPORATION

Principal Place of Business	Mailing Address
3200 N.W. 110TH STREET **MIAMI FL 33167**	**3200 N.W. 110TH STREET** **MIAMI FL 33167**

3. Date Incorporated or Qualified: **08/17/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0620087** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **X** — **$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

T., ALBERTO M. S ALAMA
3200 N.W. 110TH STREET
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 typed or printed of each person signing) (New Registered Agent signature, if appointed in item 10 above) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CASTRONOVO, JOSEPH A.		12 NAME		
STREET ADDRESS	3600 MYSTIC POINTE DR. #LP-13		13 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FLA. 33180		14 CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SALAMA T. ALBERTO M.		22 NAME		
STREET ADDRESS	401 HOLIDAY DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FLA. 33009		24 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SALAMA T. ELIAS M.		32 NAME		
STREET ADDRESS	3802 N.E. 207 STREET TH#7		33 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA,FLA. 33180		34 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SALAMA T. SAMUEL M.		42 NAME		
STREET ADDRESS	3802 N.E. 207 STREET #1702		43 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FLA. 33180		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	600001845548	☐ Change ☐ Addition
NAME			62 NAME	-05/31/96--01021--027	
STREET ADDRESS			63 STREET ADDRESS	***208.75	
CITY-ST-ZIP			64 CITY-ST-ZIP		

5/1/ 12

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 on an attachment with an address.

SIGNATURE: ALBERTO M. SALAMA T. V.P. — 04/11/96 (Date) — (305)687-1444 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)