

**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 # P95000067011**

1. Corporation Name

**SUREWRAP INC.**

Principal Place of Business

Mailing Address

**6401 S.W. 118TH AVENUE — SAME  
MIAMI, FL 33183**

3. Date Incorporated or Qualified

3a. Date of Last Report

**8/28/95**

2. Principal Place of Business

2a. Mailing Address

21 **6401 S.W. 118TH AVE**

26 **6401 SW 118TH AVE.**

4. FEI Number

Applied For

**65-0609726**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

24 Zip

Country

29 Zip

Country

**33183**

**DADE**

**33183**

**DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCIA RODRIGUEZ  
6401 SW 118TH AVE.  
MIAMI, FL 33183**

81 Name

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

**510000179815.19  
=04729736--01041--021  
\*\*\*200.00**

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

*Concha Rendo*

(NOTE: Registered Agent signature required when reinstating)

**04/15/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

**DIRECTOR**

☐ Change ☒ Addition

NAME

1.2 NAME

**MARCIA RODRIGUEZ**

STREET ADDRESS

1.3 STREET ADDRESS

**6401 SW 118TH AVE.**

CITY-ST-ZIP

1.4 CITY-ST-ZIP

**MIAMI, FL 33183**

TITLE ☐ DELETE

2.1 TITLE

**DIRECTOR**

☐ Change ☒ Addition

NAME

2.2 NAME

**CARMELA PANDO**

STREET ADDRESS

2.3 STREET ADDRESS

**6401 SW 118TH AVE.**

CITY-ST-ZIP

2.4 CITY-ST-ZIP

**MIAMI, FL 33183**

TITLE ☐ DELETE

3.1 TITLE

**DIRECTOR**

☐ Change ☒ Addition

NAME

3.2 NAME

**JUAN C. RODRIGUEZ**

STREET ADDRESS

3.3 STREET ADDRESS

**6401 SW 118TH AVE**

CITY-ST-ZIP

3.4 CITY-ST-ZIP

**MIAMI, FL 33183**

TITLE ☐ DELETE

4.1 TITLE

**DIRECTOR**

☐ Change ☒ Addition

NAME

4.2 NAME

**EMILIO PANDO**

STREET ADDRESS

4.3 STREET ADDRESS

**6401 SW 118TH AVE.**

CITY-ST-ZIP

4.4 CITY-ST-ZIP

**MIAMI, FL 33183**

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 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

*Concha Rendo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/15/96**

Date

Daytime Phone #

CR2E034 (12/95)