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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000073458	(8)

COMMERCIAL INTERNATIONAL PRODUCTS, INC.

Principal Place of Business Mailing Address 18181 N.W. 62ND COURT 18181 N.W. 62ND COURT MIAMI FL 33015 MIAMI FL 33015 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0623 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 29 Elorida Statutes ☐ Yes ☐ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANCHEZ, LIBIA E 82 Street Address (P.O. Box Number is Not Acceptable) 18181-N.W. 62ND COURT MIAM) FL 33015 84 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1. 1 TITLE SANCHEZ, LIBIA E LUIS. F. SANCHEZ NAME 1.2 NAME 18181 NW. 62 ND COURT 18181 NW 62ND COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** CITY - ST- ZIP 1.4 CITY-ST-ZIP TITLE DELETE. Change: ☐ Addition 2 TITLE LIBIA.E. SANCHEZ SANCHEZ-TRUJILLO, JACKELINE NAME 2.2 NAME STREET ADDRESS 18181 NW 62ND COURT AMIN GZ ND COURT 2.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33015** 24 CITY-ST-ZIP 800001805766 -05/02/96--01097--002 ***8.75 ☐ Addition ☐ DELETE TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP DELETE Change: ☐ Addition TIFLE 4 1 TITLE 100001805771 NAME 4.2 NAME -05/02/96--01097--003 ***225.00 STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE ☐ Change ☐ Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 119.0 (SNX). 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 logal effect as frinade 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 a stackprient with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.22.96 Date

Daytime Phore ≢

CR2E034 (12/95)