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

PROFIT



FLORIDA DEPARTMENT OF STATE

19	ORATION LL REPORT 996		. Mortham y of State CORPORATIONS		
DOCUM  1. Corporation N	IENT # P95000	0073579 cal Products, Ir	nc.		
Principal Place o	of Business East Harrison ingen, TX 7855	Mailing Address  n St. Sar	me	3. Date Incorporated or Qualified   3a. Date of Last Repor	
nall.  2. Principal Place		2a. Mailing Address		Sept. 22, 1995 N/A A FEI Number Appl	lied For
1		26   Suite Apt. #, etc.	(	N) \$8.75 Ad	
Suite Apt #.	, etc.	27		Certificate of Status Desired     Fee Requ     Status Desired     Status Desired     Status Desired     Fee Requ     Status Desired	
Crty & State		City & State		Trust Fund Contribution Added to	Fees
7.p	Country	Zip	Country 30	This corporation has liability for intangible tax under s.  Florida Statutes Yes No	199.032
4	9. Name and Address of C	29 urrent Registered Agent	30	10. Name and Address of New Registered Agent	
100 N. Tampa St., Suite 2650 Tampa, FL 33602			ddress (P.O. Box Number is Not Acceptable)		
			84 City	FL 85 Zip C	ode
11. Pursuant to office or re agent. Lar	o the provisions of Sections 60 egistered agent, or both, in the mitamiliar with, and accept the	State of Florida, Such change was obligations of Section 607,0505. F	authorized by the corpo	orporation submits this statement for the purpose of changing its oration's board of directors. I hereby accept the appointment as r	registered
	Signature, typed or printed name of registe	ered agent and title if applicable (NC	OTE: Registered Agent signature to	orporation submits this statement for the purpose of chariging its pratton's board of directors. I hereby accept the appointment as required when renstating?  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.	
SIGNATURE _	Signature, typed or printed name of registe OFFICER	ored agent and title if applicable (NC RS AND DIRECTORS	OTE Registered Agent signaturin te 13.	DA74	
SIGNATURE	OFFICER  Director, Pi Cesar Maldor	RS AND DIRECTORS  resident DELETE hado	OTE: Registered Agent signature to	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	S IN 12
SIGNATURE _	OFFICER  Director, Processor Maldon 5301 East Ha	red ageniand ble d'applicable (NC RS AND DIRECTORS resident DELETE nado arrison St.	13. 1 1 11/LF 1 2 NAME 1 3 STREET ADDRESS 1 4 DITY - ST- ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:  Change	S IN 12
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further certify that the information supplied with this ming is voluntarily 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 signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 that my name appears in Blook 2 or Block 3 if changed for on an attachment with an address.

SIGNATURE:

Cesar Maldonado, President 4/17/96 (210)423-0912