FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthage

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 09 1997 8:00am Secretary of State

	MENT # P95000(REACTION MANUFACTURING				ļ	
Principal Plac	e of Business	Mailing Address			l	
7760 W. 20TH AVE., STE. 5 HIALEAH FL 33016		7760 W. 20TH AVE STE. 5 HIALEAH FL 33016-1828				
				3. Date Incorporated or Qualified		
	lace of Business	2a. Mailing Address		4. FEI Number 65-0766050 Applied F	or	
Sulte, Apt.	# 010	26		APPLIEU FUK Not Appl		
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	ıal	
City & State		City & State		6. Election Campaign Financing \$5.00 May B		
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.0:	32.	
24	25 9. Name and Address of Current	29 Pegistered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
BUL	MEZ, ROBERT	Hogisteleti Agetit	81 Name	ID, Haitie and Address of New Registered Agent		
) SW 139TH AVE		Stroot Addit	CO Bould sharis Met Accordable)		
MIRAMAR FL 33027			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
	•		83			
			84 City	85 Zip Code		
,			'	FL		
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 697,1508, Florida Statut f Florida, Such change was a	es, the above hamed corp authorized by the corporat	poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as registe	ered red	
agent. ha	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Statutes.			
SIGNATURE	Signature, typed or printed name of togestered agent	and title diapplicable (NOT	E - Registered Agent signature requi-	red when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	?	
TITLE	PD DODEST	☐ DELETE	1.1 TITLE	Change Ac	sdition	
NAME	GOMEZ, ROBERT 3450 SW 139TH AVE		1.2 NAME			
STREET ADDRESS	MIRAMAR FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	THIS WALL I C	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Ac	dition	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Ac	Million	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE	Change Ac	dilion	
NAME			4.2 NAME	C. Change		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change Ad	dition	
NAME			5.2 NAME			
STREET ADDRESS			5.9 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE:	5.4 CITY - ST - 7/P	Change Ac	ldition	
TITLE NAME		D DECK IE.	6 1 TITLE 6.2 NAME	Li change (Li Ad	WIND I	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6 4 City-St-7iP			
14. I do heret			ly for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the		
lam an of appears it	ri milicated on this amiliar report or sup flicer or director of the corporation or the n Block 12 or Block 13 if changed, or o	spiernerital arinual report is to the receiver or trusted empowers at allachment with an add	rue and accurate and that vered to execute this repor dress.	my signature shall have the same legal effect as if made under oath as required by Chapter 607, Florida Statutes; and that my name	ı; ınat	