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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P9500008285 | 18 |
|--------------------|---|----|
| 1 Corporation Name | 1 0000000000000000000000000000000000000 | _ |

MIAMI FL 33131

RETRAX SAFETY SYSTEMS, INC.

| Principal Place of Business | | | | | | | | | | |
|-----------------------------|----------|-----|------|------|--|--|--|--|--|--|
| 401 | BRICKELL | AVE | STE. | 340. | | | | | | |

Mailing Address

MIAMI FL 33131

1401 BRICKELL AVE., STE. 340

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90208 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

| | • . | | | | 10/31/1995 | | | | |
|---|--|-------------------------------------|--------------|---|---|---------------------------|--|--|--|
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
| 21 | | 26 | | | 65-0630077 | Not Applicable | | | |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | | | | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | | | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | | | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | | | | |
| Zip | Country | Zip | Country | / | 8. This corporation owes the current year Into | | | | |
| 24 | · 25 | 29 30 | | | Personal Property Tax. | ☐ Yes ☐ No | | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered | Agent | | | |
| | | | 81 | Name | | | | | |
| TOBER, JOHN E | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1401 | BRICKELL AVE., STE. 340 | | | Officer Addition (1.10. Box Hamilton in France) | | | | | |
| MIAM | N FL 33131 | | 83 | Ī | | | | | |
| | : | | 84 | 6:5- | | 85 Zip Code | | | |
| | · | | 04 | City | FL | , les 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 | | | | | | | | | |
| office or re | egistered agent, or both, in the State o m familiar with, and accept the obligation | f Florida. Such change was auth | iorized by | the corp | oration's board of directors. I hereby accept the appoil | ntment as registered | | | |
| | , and accept the obligation | 5/13 O1, GCGGOT GOT 10000, 1 101100 | 0.0.0.0.0 | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | gistered Age | nt signature | required when reinstating) DATE | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 | | | |
| TITLE | DP . | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition | | | |
| NAME | TOBER, JOHN E | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1401 BRICKELL AVE., STE. 340 | | 1.3 STREE | T ADDRESS | · · | • | | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 1.4 CITY-5 | ST-ZtP | | | | | |
| πιε | DT | ☐ DELETE | 2.1 TITLE | | S | Change Addition | | | |
| NAME | | | 2.2 NAME | | Gordon, Dennis J | | | | |
| STREET ADDRESS | ALCO DESCRIPTION AND COMPANY | | 2.3 STREE | T ADDRESS | 1 | | | | |
| CITY-ST-ŻIP | MIAMI FL 33131 | | 2. 4 CITY- | ST-ZIP | Miami, FL 33131 | | | | |
| TITLE | DS | ☐ DELETE | 31 TITLE | | T | Change | | | |
| NAME | COUVERTIER, DOUGLAS | | 3.2 NAME | - | Couvertier, Douglas | | | | |
| STREET ADDRESS | 1401 BRICKELL AVENUE | | 3.3 STREE | TADDRESS | | TE 340 | | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 3.4. CITY- | ST-ZIP | 1401 Brickell Avenue, S Miami, FL 33131 | .12 310 | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ID | ☐ Change 🔀 Addition | | | |
| NAME | | | 4. 2 NAME | | Garvin, David M. | | | | |
| STREET ADDRESS | | | | T ADDRESS | 1401 Brickell Avenue, S | TE 340 | | | |
| CITY-ST-ZIP | · | | 4.4 CITY-5 | | Miami, FL 33131 | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ID . | ☐ Change 🎇 Addition | | | |
| NAME | | | 5.2 NAME | | Bepper, David | m | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | 1401 Brickell Avenue, S | 16 340 | | | |
| CITY-ST-ZIP | | | 5.4 CITY-1 | ST-ZIP | Miami, FL 33131 | | | | |
| TITLE | - | □ DELETE | 6.1 TITLE | | D. | ☐ Change | | | |
| NAME | | <u> </u> | 6.2 NAME | | Iribar, Manuel | • | | | |
| STREET ADDRESS | | | | | 1401 Brickell Avenue, St | re 340 | | | |
| • | | | 6.4 CITY- | | Miami, FL 33131 | | | | |
| CITY-ST-ZIP | artific that the information cumpled with | this filing does not qualify for th | | | ed in Section 119.07(3)(i). Florida Statutes. I further cer | tify that the information | | | |

Interest certay that the information supplied with this little does not quality for the exemption stated in Section 119.07(3)(f), Fiorida Statutes. Interfer 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 feceiver 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 attackment with an address, with all other like empowered.

4/28/99 (305); 373-0909