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 # **P95000091210 (1)**

1. Corporation Name

AIRBAGS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~1485 S.W. 154TH TERRACE~~ ~~PEMBROKE PINES FL 33027~~ 2031 SW 70 Ave C-20 Davie Fl. 33317	~~1485 S.W. 154TH TERRACE~~ ~~PEMBROKE PINES FL 33027~~ 2031 SW 70 Ave C-20 Davie FL 33317

3. Date Incorporated or Qualified: 11/28/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0625842 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

ABRAMSON, HERBERT W
400 N. ANDREWS AVE.
SUITE 100
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name: LORI EKelman
82 Street Address (P.O. Box Number is Not Acceptable): 2031 SW 70 Ave
83: C-20
84 City: Davie FL 85 Zip Code: FL 33317

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: Lori Ekel — DATE: 5/31/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P EKELMAN, LORI 7572 FAIRFAX DR. TAMARAC FL 33321	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACALUSO, DONNA L 1485 S.W. 154TH TERRACE PEMBROKE PINES FL 33027	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACALUSO, ANTHONY 1485 S.W. 154TH TERRACE PEMBROKE PINES FL 33027	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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6-14-96

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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)(i), 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 attached sheet, with an address.

SIGNATURE: x Lori Ekel — x 5/2/96 — x 305/472-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #