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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010393 (2)

ACRYLIC WORLD LTD, INC.

Principal Place of Business

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



21 /440 Suite, Apt	ILINE ROAD CH FL 33089 ace of Business CAPAL RIGGE DR. 4, etc.	City & State 28 CORAL SER	- RIDGE DA	6. Certificate of Status Desired	3a. Date of Lest Report Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
ROZI 2580 SUIT	9. Name and Address of Current ENBLUM, ALEX N. POWERLINE ROAD E 603 PANO BEACH FL 33069	ZIP 3 3 07/ 3 Registered Agent	81 Name 82 Street Ad	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Report of the statutes ALEX ADJECT BLUM dress (P.O. Box Number is Not Acceptable of the statut] Yes □□No gistered Agent
11. Pursuant to office or to agent I are SIGNATURE 12. THE NAME SIGNESS	to the provisions of Sections 607.0502 pastered agent, or both, in the State of a familiar, with, and accept the obligation of sections of printed name of registered agent of the printed name of registered agent of the printed name of the printed	and tile if applicable (NOTE DIRECTORS	the above-named or thorized by the corporada Statutes. Pregistered Agent a greature rec. 13. 1.1 Title	rporation submits this statement for the pration's board of directors. I hereby acceptured when reinstaling) ADDITIONS/CHANGES TO OFFICE	purpose of changing its registered of the appointment as registered DAYE DAY
CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP	POMPANO BEACH FL 33089	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1440 CALA LIBAC L CONAR SANNAS, A	3307 Change Addition
THEF NAME STREET ADDRESS CITY-ST-209		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
THE NAME STREET ADDRESS CITY - ST - ZIP THE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SY-ZIP 5.1 TITLE		Change Addition
NAME STREET ADDRESS CITY - ST - ZIP TITLE] DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title		Change Addition
NAME STREET ADDRESS CITY-SI-Z-P	we earlie that the information supplied	with this filing does not qualify	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the

14. I do hereby certify that the information supplied with this filing 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 copporation 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 12 or Block or on an attachment with an address.

SIGNATURE:

Chill Aug Rozenbun

4/10/97 (307628-3227

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