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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000017336 (4)**

1. Corporation Name
S.I. CUTTING SERVICES, INC.

Principal Place of Business	Mailing Address
13290 NW 45 AVE OPA LOCKA FL 33054	13290 NW 45 AVE OPA LOCKA FL 33054-4308

3. Date Incorporated or Qualified: 02/26/1996
3a. Date of Last Report:
4. FEI Number: 65-065 8800 (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

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

9. Name and Address of Current Registered Agent
STRIAR, MICHAEL P
4601 SHERIDAN ST STE 500
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/18/97
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent's signature required when mandated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	KARRON, RICHARD		1.2 NAME		
STREET ADDRESS	13290 NW 45 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		1.4 CITY ST ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	VILLEGAS, RAFAEL		2.2 NAME		
STREET ADDRESS	13290 NW 45 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		2.4 CITY ST ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	WOHLMAN, RITA		3.2 NAME		
STREET ADDRESS	13290 NW 45 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		3.4 CITY ST ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	LESTZ, KEN		4.2 NAME		
STREET ADDRESS	13290 NW 45 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

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 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 attachment with an address.

SIGNATURE: [signature] 3/13/97

CR2E034 (9/96)