

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000064673 (2)

1. Corporation Name:  
DETAIL CUTTING, INC.

Principal Place of Business

4000 E. 10TH COURT  
HIALEAH FL 33013

Mailing Address

4000 E. 10TH COURT  
HIALEAH FL 33013-2926

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Co

9. Name and Address of Current Registered Agent

BURSTEIN, ABRAHAM  
4000 E. 10TH COURT  
HIALEAH FL 33013

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 required when reinstating

(NOTE: Register

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BURSTEIN, ABRAHAM  
STREET ADDRESS 4000 E 10TH COURT  
CITY-STATE-ZIP HIALEAH FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

4. FEI Number

65-0686159

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

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

85

Zip Code

I, the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

Agent signature required when reinstating

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11

NAME

12

STREET ADDRESS

13

CITY-STATE-ZIP

14

NAME

21

NAME

22

STREET ADDRESS

23

CITY-STATE-ZIP

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NAME

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NAME

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STREET ADDRESS

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CITY-STATE-ZIP

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NAME

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STREET ADDRESS

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CITY-STATE-ZIP

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CITY-STATE-ZIP

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TOR

3-11-97

305-836-2787

Date

Daytime Phone

0119504

CR2E034 (9/96)