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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068486 (5)

POLYUMAC INC.

Principal	Place	ρf	Business
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FILED May 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 7512 NW 6TH ST:					t reenem sin mein mein dann dann geriñ eante minn lânn blêd dêlid dit iabt						
								3. Date incorporated or Qualified 08/16/1996	3a. Da	te of Lasi	l Report
2. Principal P 21 05	lo Nu		26]	Mailing Address <i>うら8</i> ゥ ∧	IW.	49	9 ST	4. FEI Number 65-06 86530			Applied For Not Applicable
Suite, Apt	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	le am i`	- FI	28	City & State		Fi		Election Campaign Financing Trust Fund Contribution			0 May Be
Zip		Country		Zip ,	Co	ountry	/	8. This corporation has liability for i	ntangible		
24 23,		25	29	33147	30			Florida Statutes	Yes [] No	
144.7		and Address of Curre	nt Registe	ered Agent			T 54	10. Name and Address of New Re	gistered A	gent	
	QUEZ, MAR					81	Name				
	5 SW 128TH MI FL 33175					82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		
ITIMA	mi 1 6 00 17 0	•				83					
						84	City			85 Zi	p Code
44 Durawant	to the provisi	one of Captions CO7.00	00	7.4600 51. 14. 01.4		<u> </u>	L	orporation submits this statement for the p	<u>FL</u>		
agent. I a	am familiar wit	ent, or both, in the State h, and accept the oblig	gations of,	Section 607.0505, F	s aumonz Torida St	ed by atutes	/ the corpo s.	oration's board of directors. I hereby accor-	OATE	intment a	as registered
12.		OFFICERS AN			13			ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	D			☐ DELFTE	1,1	TITLE				Change	Addition
NAME		, MARIELLA			1.2	NAME	İ				*
STREET ADDRESS	2425 SW				1.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL:	331/5		Delire		CITY-S	1 - 7 4				
TITLE NAME		, MARIELLA		☐ DELETE		lite				Change	Addition
STREET ADDRESS	2425 SW					NAME	ADDDCC0				
CITY-ST-ZIP	MIAMI FL					CHY-S	ADDRESS				
TITLE				DELETE		TITLE	51 · Z4F			Change	Addition
NAME						NAME			•		
STREET ADDRESS					33	STREET	ADDRESS				
City-St-Zip					3.4	CHY-S	T - 7IP				
TITLE				DELETE	41	TOTLE				Change	Addition
NAME					4 2	NAME					
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP TITLE	·			DELETE		CITY-S	T-Z)P			T Charre	A supplement
NAME				L. PULLIC	li li	TITLE NAME			ι] Change	Addition
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						CITY - ST					
TITLE	*	 ~		DELETE		TITLE				Change	Addition
NAME						NAME			•		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					6.4 (CITY-S1	1- 7 IP				
14. I do hereb	ov certify that	the information supplie	d with this	filing does not qual				led in Section 119 07/3(ti). Florida Statutos	1 further	cortifu the	t 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 it made under onth; that I am an officer or director of the corporation or the receiver or trustee emptwered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if change of or on an attachment with an address.