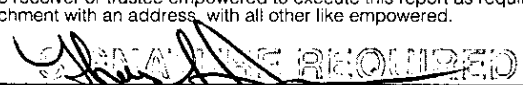


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90505 001 *5,161.25

0296506 AV

DOCUMENT # P96000090162			
1. Entity Name ASSOCIATED COMPOSITE, INC.			
Principal Place of Business 7875 N.W. 64TH STREET MIAMI FL 33166 US		Mailing Address 7875 N.W. 64TH STREET MIAMI FL 33166 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MENDELSON, VICTOR 3000 TAFT STREET HOLLYWOOD FL 33021		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	P PORTELLA, RAMON <input checked="" type="checkbox"/> Delete		
NAME	7875 N.W. 64TH STREET		
STREET ADDRESS	MIAMI FL 33166		
CITY-ST-ZIP			
TITLE	V MENDELSON, VICTOR H <input checked="" type="checkbox"/> Delete		
NAME	3000 TAFT STREET		
STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP			
TITLE	TD IRWIN, THOMAS S <input type="checkbox"/> Delete		
NAME	3000 TAFT STREET		
STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP			
TITLE	AS LETENDRE, ELIZABETH R <input type="checkbox"/> Delete		
NAME	3000 TAFT STREET		
STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP			
TITLE	S VETTER, JUDITH <input type="checkbox"/> Delete		
NAME	3000 TAFT STREET		
STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P MORELL, LUIS J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	7875 NW 64 STREET		
STREET ADDRESS	MIAMI FL 33166		
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S LETENDRE, ELIZABETH R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3000 TAFT STREET		
STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP			
TITLE	AS VETTER, JUDITH W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3000 TAFT STREET		
STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		THOMAS S. IRWIN 4/26/02 954-987-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)