

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000091444 (5)

1. Corporation Name

R.C.R. WOOD BOX AND MOLD CORPORATION INC.

Principal Place of Business

13135 S.W. 122 AVENUE  
MIAM FL 33186

Mailing Address

13135 S.W. 122 AVENUE  
MIAM FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1986  
3a. Date of Last Report

4. FEI Number 65-0739773  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

RUNDLE, CHRISTOPHER M ESQ.  
3929 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name RUBEN QUESADA  
82 Street Address (P.O. Box Number is Not Acceptable)  
905 S.W. 22 Avenue, Apt # 6  
83 Miami, Florida 33135  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

7/16/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA, RAUL  
STREET ADDRESS 3546 S.W. 22 TERRACE  
CITY-ST-ZIP MIAM FL 33145

TITLE VD  
NAME LOPEZ, CARLOS  
STREET ADDRESS 6353 E. 5TH AVENUE  
CITY-ST-ZIP HIALEAH FL 33013

TITLE STD  
NAME QUESADA, RUBEN  
STREET ADDRESS 905 S.W. 22ND AVENUE, APT. 6  
CITY-ST-ZIP MIAMI FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

CR2E034 (4/97)