## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021166 (8)

SPECIALTY PRODUCTS OF MIAMI, INC.

## **FILED** May 20 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Frincipal Flac	e or business	Mailing A	Mailing Address							
	WEST 5 STREET		11460 SOUTHWEST 5 STREET							
MIAMI FL 331	174	MIAMI FI	MIAMI FL 33174				DO NOT WRITE IN THIS SPACE			
						3. Date incorpo	3. Date Incorporated or Qualified			
<u> </u>						03/07/199				
2. Principal P	lace of Business	2a. Mailin	2a. Mailing Address				71		opplied For	
21		26	<del>  -                                    </del>				733 854		lot Applicable	
Suite, Apt	#, etc.		Suite, Apt. #, etc.						Additional	
22		27	<del></del>			5. Certificate of	Status Desired	<b>A</b>	Required	
City & State	9		Cily & State			6. Election Cam	naign Financing	\$5.00	May Be	
23		28	•			` Trust Fund Co			to Fees	
Zip	Country	Zip		Cour	ntry	8. This corporat	ion owes or has paid	the current year Ir	ntangible	
24	25	29		30			erty Tax due June 30		□ No	
	9. Name and Address of Curr	ent Registered A	gent			10. Name and A	ddress of New Regis	stered Agent	***************************************	
AM	IERILAWYER CHARTERED			ı	81 Name	Tollal Fr	フル			
340	3 ALMERIA AVENUE			-	82 Street	Address (P.O. Box Numb	or is Not Acceptable			
l co	RAL GABLES FL 33134					1460 5.4	57H	STREET		
	•				83					
	÷				01 0					
					B4 City	MIAMI			Code 3/74	
11. Pursuant t	o the provisens of Sections 607.0	502 and 607.1508	, Florida Statutes	s, the ab	ove-named	corporation submits this	statement for the puri	pose of changing	its registered	
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, indiaccont the obt	de of Florida, Such	h cha <b>nge was a</b> u in 60 <b>7 0</b> 505. Flori	ithorized	by the co	poration's board of direct	ors. I hereby accept t	he appointment as	s registered	
			00		1105.		0	4- 27	60	
SIGNATURE	Signature, typed or printed name or registered a	<b>ン</b> がイ <i>を</i> ウメ agent and title if applicat	ale (NOTE	Registereo	Agent signatur	e required when reinstating)		DATE	78	
12.		ND DIRECTORS		13.			HANGES TO OFFICER	S AND DIRECTO	RS IN 12	
TITLE	PTD	12	DELETE	1.1 111	.E			Change	Addition	
NAME	FELIX, JOHN			1.2 NA	ИÉ				;	
STREET ADDRESS	11460 SOUTHWEST 5 STR	EET		1.3 STF	EET ADDRESS				[8	
CITY-ST-ZIP	MIAMI FL 33174			1.4 CIT	Y-ST-ZIP				}	
TITLE	\$D		DELETE	2.1 TITI		<u> </u>	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	FELIX, GLADYS L			2.2 NA	AE.					
STREET ADDRESS	11460 SOUTHWEST 5 STR	EET		2.3 STR	EET ADDRESS				İ	
CITY-ST-ZIP	MIAMI FL 33174			2.4 GH	Y-S1-ZIP					
TITLE		•	DELETE	3.1 T(T)				Change	Addition	
NAME				3.2 NA				<u> </u>		
STREET ADDRESS					eet address					
CITY-ST-ZIP				1	Y-ST-ZIP					
TITLE	·		DELETE	4.1 TITL				Change	Addition	
NAME				4. 2 NA		]		va.1g0		
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP										
TITLE			DELETE	5.1 TITL	(-ST-ZIP		, <del>, , , , , , , , , , , , , , , , , , </del>	Change	Addition	
NAME			Las Cretati	5.2 NAM				Glialige	C VOUIDOR	
STREET ADDRESS									i	
				1	EET ADDRESS					
CITY-ST-ZIP TITLE			DELETE		'-ST-ZIP			05	19200	
			- Detete	6.1 TITL				Change	Addition	
NAME STREET ARRESSO				6.2 NAN						
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				6.4 CITY	'- ST- ZIP	1			ľ	

14. 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 annual report or suppliemental 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 13 if changed, or on an attachment with an address.