

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90233 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000007143

1. Corporation Name
DURAGRIP, INC.

Principal Place of Business 4320 S.W. 5TH TERRACE MIAMI FL 33134	Mailing Address 4320 S.W. 5TH TERRACE MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3750 N.W. 28 Street Suite, Apt. #, etc. 22 107 City & State 23 Miami, FL Zip 24 33142 Country 25 United States	2a. Mailing Address 26 3750 N.W. 28 Street Suite, Apt. #, etc. 27 107 City & State 28 Miami, FL Zip 29 33142 Country 30 United States	3. Date Incorporated or Qualified 01/21/1998	4. FEI Number 65-0820256	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MARRERO, LEONARDO 4320 S.W. 5TH TERRACE MIAMI FL 33134	10. Name and Address of New Registered Agent 81 Name Leonardo Marrero 82 Street Address (P.O. Box Number is Not Acceptable) 4320 SW 5 Terrace 83 84 City Miami FL 85 Zip Code 33134
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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 reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	PD <input type="checkbox"/> DELETE	
NAME	MARRERO, LEONARDO	
STREET ADDRESS	4320 S.W. 5TH TERRACE	
CITY-STATE-ZIP	MIAMI FL 33134	
TITLE	TD <input type="checkbox"/> DELETE	
NAME	HERNANDEZ, LAURA	
STREET ADDRESS	4320 S.W. 5TH TERRACE	
CITY-STATE-ZIP	MIAMI FL 33134	
TITLE	SD <input type="checkbox"/> DELETE	
NAME	VILLANUEVA, BARBARA	
STREET ADDRESS	8185 N.W. 7TH STREET, #303	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: Leonardo Marrero **Leonardo Marrero** 4/26/99 (305) 447-4615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)