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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016137

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90125 004 ***150.00

CINCINN	ATT PLASTIC MACHINERY,	CORP.			
Principal Place	of Business	Mailing Address		1 (Million) 152 ; Ilint takit water master dante mater	t libin Asiat tinba itlis iani iani
780 N.W. 42ND		780 N.W. 42ND AVE.			
SUITE 621 SUITE 621					
MIAMI FL 33126 , MIAMI FL 33126				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	ĺ
				02/16/1998	·:
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-08/6021.	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		27		5. Certifcate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren		~	10. Name and Address of New Registered	I Agent
	<u> </u>		81 Name		
REM	ECZ, JOSE A				
1072 CABLE N.W.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
PALM BAY FL 32905-6069			83		
FALI	W DAT TE 32303-0003		[83]		
	•		84 City		85 Zip Code
l			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>F</u>	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named co	orporation submits this statement for the purpose of	of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	monzed by the corpora da Statutes.	ation's board of directors. I hereby accept the appe	Simple in the registered
_	The territory will be a series of the series				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Agent signature req	uired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	REMECZ, JOSE A		1.2 NAME		
STREET ADDRESS	1072 CABLE LANE N.E.		1.3 STREET ADDRESS		
	PALM BAY FL 32905-6069		1.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	D D	C Jeep.	•		
NAME	BALLASCH, FEYRA K	*****	2.2 NAME		
STREET ADDRESS	P.O. BOX 402 ESTADO DE ME	XICO	2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	 .
CITY-ST-ZIP	MEXICO CP 53102		2.4 CITY-ST-ZIP		Charas - Addition
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	REMECZ, ESTEBAN		3.2 NAME		
STREET ADDRESS	P.O. BOX 402 ESTADO DE ME	XICO	3.3 STREET ADORESS		
CITY-ST-ZIP	MEXICO CP 53102		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REMECZ, HEIKO		4.2 NAME		
STREET ADDRESS	P.O. BOX 402 ESTADO DE ME	XICO	4.3 STREET ADDRESS		
CITY-ST-ZIP	MEXICO CP 53102	- ·- -	4.4 CiTY-ST-ZiP		
TITLE		☐ DELETE	54.770.5	e	☐ Change
1	†		ESMANC	S DIAG	-
NAME	·			LAZARO R. DIAZ	
STREET ADDRESS				780 NW 42 AVE., STE 62	: 1
				nr 33436	·
CITY-ST-ZIP		O per exe		MIAMI, FL 33126	Change Addition
TITLE		DELETE	6.1 TITLE	MIAMI, FL 33120	☐ Change ☐ Addition
F		DELETE	6.1 TITLE 6.2 NAME	MIAMI, Fb 33120	☐ Change ☐ Addition
TITLE	:	_ DELETE	6.1 TITLE	MIAMI, Fb 33120	☐ Change ☐ Addition
NAME STREET ADDRESS	; ;	. "	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further cuture shall have the same legal effect as if made un	

officer or director of the corporation of the receiver or trustee and accurate and mac my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR