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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

.,,	MENT # SO36 Name INDUSTRY PRODUCTS,	* *					i dirii dirii dirii dirii di	
Principal Place of Business Mailing Address								
6977 NW 82 AVE SUITE 200 MIAMI FL 33168		6977 NW 82 AVE Suite 200 Miami Fl 33166-2774						
						3. Date Incorporated or Qualified 10/02/1990 33/14/1996 33/14/1996		
2. Principal P	Tace of Business	2a. Mailing Address		•		4. FEI Number	1 00/14/1	Applied For
न् ं		26	26			65-02 18329	ļ	Not Applical
Suite, Apt. #, etc.			Suite, Apt #, etc.		······································	5. Certificate of Status Desired	\$8	.75 Additional
2		27				e, Cermicale of Status Desired	<u> </u>	Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
7 ₁ p	Country	Zip	T 0	ountry		8. This corporation has liability for		
24	25	29	30]Yes □ No	
·······	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New Ro	egistered Agent	i
	TE 200 MI FL 33176			83 B4 City			12	7.0.1
11. Pursuant	to the provisions of Sections 60	7,0502 and 607,1508. Florida \$	Statutes, the		City e-named co	rporation submits this statement for the		Zip Code
office or i agent. La SIGNATURE	registered agent, or both, in the initamiliar with, and accept the i	State of Florida, Such change obligations of Section 607,050	was authori 5, Florida \$	zed by itatute:	the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointm	ent as registered
SIGNATORE	Englaturi Typed or protect pains of tegister		(NOTE Regis	ered Age	nt signature req	uired when reinstating)	DATE	
12.		S AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFI		
TIRE	ST	☐ DELET		1 TiTLE			L.J 0	hange Addit
NAME	PLAZA, JULIAN 6977 NE 82 AVENUE		9 "	2 NAME	4500roo			
STREET ADDRESS	MIAMI FL		i .		ADDRESS			
City-ST ZIP Title	D D	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				hange Addit
NAME	ENGLE, AL	الماران الماران	1 -	2 NAME			٠ ٥	
STREET ADDRESS	15443 SW 111 LN		- 1		ADDRESS			
City - St - ZiP	MIAMI FL			4 CITY-	1			
TILLE	V	DELET		1 TITLE				hange Addit
NAME	ROTH, LEON		3	2 NAME	1			
STREET ACORESS	4820 SW 82 AVE		3	3 STREET	ADDRESS			
CHY- 51-20	MIAMI FL		3	4. CITY-	ST-ZIP	-		
TIFLE		DELET		1 TITLE			- T C	hange Addit

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 Brock 12 or Block 13 if changed, or on an attachment with an address.

4.2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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STREET ADDRESS CUY-SI-ZIP

STREET ADDRESS

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CHY-ST-7F

DELETE

DELETE

Change

Change

FILED

Apr 07 1997 8:00am

Secretary of State

Addition

Addition