

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S26610** (3)

1. Corporation Name
AMERICAN COMPOSITES, INC.



Principal Place of Business: **9601 NW 80TH AVE HIALEAH GRDNS FL 33016**
Mailing Address: **9601 NW 80TH AVE HIALEAH GRDNS FL 33016**

3. Date Incorporated or Qualified 01/22/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0243633	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**SABIDO, JORGE
5430 W 14TH AVE
HIALEAH FL 33012**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of signing officer or director)

Date Filed (typed or printed name of signing officer or director)

1995

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPT	<input type="checkbox"/>
NAME	SABIDO, JORGE	<input type="checkbox"/>
STREET ADDRESS	5364 W 14 AVE.	<input type="checkbox"/>
CITY-STATE-ZIP	HIALEAH FL	<input type="checkbox"/>
TITLE	VS	<input type="checkbox"/>
NAME	SABIDO, MARISOL	<input type="checkbox"/>
STREET ADDRESS	5364 W 14 AVE.	<input type="checkbox"/>
CITY-STATE-ZIP	HIALEAH FL	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-STATE-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-STATE-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME		<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
14 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
24 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
34 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
44 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
64 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.043(6), 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 trustee or trustee-in-possession of the estate of the corporation as reported by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (205) 828-5856
Date Filed Fee

CR2E034 (12/95)