

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90741 (7)

1. Corporation Name

ISHMAN SCREWS MACHINE PRODUCTS, CORP.

Principal Place of Business

1901 SW 101 AVE
BAY C
MIRAMAR FL 33025

Mailing Address

1901 SW 101 AVE
BAY C
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1991

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0293845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3800 S.W. 58 AVE.

2a. Mailing Address

26 3800 S.W. 58 AVE.

Suite, Apt. #, etc.

22 HOLLYWOOD FL

Suite, Apt. #, etc.

27 HOLLYWOOD FL

City & State

23 33023

City & State

28 33023

Zip

Country

25 U.S.A.

Zip

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDINA, ISMAEL
1901 SW 101 AVE
BAY C
MIRAMAR FL 33025

81 Name

MEDINA, ISMAEL

82 Street Address (P.O. Box Number is Not Acceptable)

3800 S.W. 58 AVE.

83

HOLLYWOOD, FL

84 City

FL

33023

85 Zip Code

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

Ismael Medina

APRIL 28, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PSDT
12.2	NAME	MEDINA, ISMAEL
12.3	STREET ADDRESS	3800 SW 58 AVE
12.4	CITY, ST, ZIP	HOLLYWOOD FL
12.5	NAME	
12.6	NAME	
12.7	STREET ADDRESS	
12.8	CITY, ST, ZIP	
12.9	NAME	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	NAME	
12.15	STREET ADDRESS	
12.16	CITY, ST, ZIP	
12.17	NAME	
12.18	NAME	
12.19	STREET ADDRESS	
12.20	CITY, ST, ZIP	

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 119.071(9)(b), Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Ismael Medina

ISMAEL MEDINA, PSDT.

APRIL 28, 1995

(305) 966-8314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR