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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$99702

(0)

FLORIDA FIBER INDUSTRIES, INC.

SIGNATURE:

Principal Place of Business

Mailing Address

FILED Apr 24 1997 8:00am Secretary of State

30V- 9V70060



Suite # 750 27	3200 NW 110 STREET MIAMI FL 33167-3718		3200 NW 110 STREET Miami FL 33167-3718					
2. Main Address								
Section Section Sections			2a. Mailing Address			4. FEI Number		
20 Suite # 750 27 Suite # 750 27 Suite # 750 28 Suite # 750 38 Suite				290 N.	E.165	ST/- 65-0303841	[Not Applicable
Maimain	22 Suite	# 750	27 Suite # 750			5. Certificate of Status Desired		
24 33169 25 Û.S.A. 29 33169 30 Û.S.A. Florida Statutus Florida Statut	₂₃ Miami	i, Florida ₂₈ Miami, Florid						
SALAMA_ELIAS 3802 NE 207TH STREET, TOWNHOUSE TH7 SUITE 618 AVENTURA FL 33180 40 City FL 85 Zip Code		in the s	- 224 <i>C</i> A -			l '		
3802 NE 20TTH STREET, TOWNHOUSE TH7 SUITE 618 AVENTURA FL 33180 40 City FL 85 Zip Code 41 City FL 85 Zip Code 42 City FL 85 Zip Code 43 City FL 85 Zip Code 44 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 47 City FL 85 Zip Code 48 City FL 85 Zip Code 48 City FL 85 Zip Code 49 City FL 85 Zip Code 40 City FL 86 Zip Code 40 City FL 87		9. Name and Address of Current F	legistered Agent			10. Name and Address of New Re	gistered Agent	
SUITE 616 AVENTURA FL 33180 PURPLE PROVISIONS OF SOCIOONS 607 D502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes. SIGNATURE 1	SALA	ama, Elias		81	Name			
SUITE 616 AVENTURA FL 33180 8					Street Add	Iress (P.O. Box Number is Not Acceptate	ole)	
11. Pursuant to the provisions of Sociens 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, and familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE 12.								
11. Pursaint to the provisions of Soctions 607 0502 and 607 1508 Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register of office or registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and tambiar with an always with an acceptation be obligations of Soction 607 0505, Florida Statutes. SIGNATURE 12. OF I ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PART OFFICERS AND DIRECTORS IN 12. THE SALAMA T., ELIAS M. 302 NE 207TH STREET, TOWNHOUSE TH7 AVENTURA FL. 14. OTLY 51-2P THE SALAMA T., ALBERTO M. 40 HOLIDAY DRIVE HALLANDALE FL. V	AVE	NTURA FL 33180		83				
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SIGNATURE Special type for the potential open and till it applications (NOTE Repatient depen separate required when reprolating to protections 13.	11. Pursuant t	o the provisions of Sections 607.0502 a	ind 607,1508, Florida Statutes Florida, Such change was au	s, the above	e-named cor, the corpora	poration submits this statement for the p		ging its registered ent as registered
12		n familiar with, and accept the obligation	ins of, Section 607.0505, Flori	ida Statutei	· ·			
THE				Registered Age	ont signature requ			
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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; if I am an officer or director of the corporation or the receiver entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changell, or on an attachment with an address.	mformation Lam an off	indicated on this annual report or supplicer or director of the corporation of the	plemental annual report is true Preceiver er trustee empower	for the exe- e and accu ed to exec	mption state	t my signature shall have the same lega	l effect as if ma	de under nath, that