FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V09968** **(1)**

1. Corporation Name
AMERICAN RESINS EXCHANGE CORP.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 501 MIAMI FL 33131 US	601 BRICKELL KEY DRIVE SUITE 501 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1992
3a. Date of Last Report: 04/25/1994

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

4. FEI Number: 65-0309807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J.
~~799 BRICKELL PLAZA~~
~~SUITE 900~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Drive
83: Suite 501
84 City: Miami FL 85 Zip Code: 33131-2651

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	GUTIERREZ, RENALDY J.	1.2 NAME		
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 501	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	and President	☐ Change ☒ Addition
NAME	MAYORGA, OSCAR D.	2.2 NAME		
STREET ADDRESS	7531 SW 109TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	and Vice President	☐ Change ☒ Addition
NAME	MAYORGA, LYDIA C.	3.2 NAME		
STREET ADDRESS	7531 SW 109TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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

SIGNATURE: Renaldy J. Gutierrez S. Secretary 4/28/95 (305) 577-4500
SIGNATURE(S) REQUIRED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0129950 CP