CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
PACKAGING RESEARCH, INC.

Principal Place of Business	Mailing Address
13506 NE 24TH CT APT. 208 N MIAMI FL 33181 US	PO BOX 61-1352 APT. 208 N MIAMI FL 33261-1352 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 13506 NE 24TH CT.
22 Suite, Apt. #, etc:
23 City & State: N. MIAMI FLA
24 Zip: 33181
25 County: DADE

2a. Mailing Address
26: P.O. BOX 61-1352
27 Suite, Apt. #, etc:
28 City & State: N. MIAMI FLA
29 Zip: 33261-1352
30 County: DADE

4. FEI Number: 65-0312193 ☐ 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

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

9. Name and Address of Current Registered Agent

JAME
13506 NE 24TH CT
APT. 208
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: HOWARD M. PLATT
82 Street Address (P.O. Box Number is Not Acceptable): 13506 NE 24TH CT.
83: N. MIAMI
84 City: FL
85 Zip Code: 33181

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: HOWARD M. PLATT — Howard M. Platt — DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable — (If a Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PLATT HOWARD H.	12 NAME	
STREET ADDRESS	13506 NE 24TH CT	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	PLATT CHRISTINE	22 NAME	
STREET ADDRESS	13506 NE 24TH CT	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Howard M. Platt — HOWARD M. PLATT — 4/26/95 — 305-949-0161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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