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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V62820

CORAL CHEMICAL CORP.

Principal Place of Business	 }		,
233 ROMANO AVE.		*	
CORAL GABLES FL 33134"		:	

2. Principal Place of Business

Mailing Address

233 ROMANO AVE. CORAL GABLES FL 33134

2a. Mailing Address

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90033 041 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

09/10/1992

65-0359633

4. FEI Number

City & State	22 Suite, Apt.	suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A				
Zip Country Zip Country Zip Country Size Personal Property Tax vs vs vs vs vs vs vs	City & State	te .	City & State							
9. Name and Address of Current Registered Agent BRITO, BEATRIZ MARIA 233 ROMANO AVE. CORAL GABLES FL 33134 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 agent. I am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, agent agent and the familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, agent age	23	Country	 	Countr				o rees		
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BRITO, BEATRIZ MARÍA 233 ROMANO AVE. CORAL GABLES FL 33134 84 City FL 85 Zip Code 45. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statuties, 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 Signature, hypeid mame of registered agent and this if application. P D DELETE 1.1 TITLE P D DELETE 1.1 TITLE P DELETE 1.1 TITLE P DELETE 1.1 TITLE 1.2 NAME 233 RONAMO AVE. 1.3 STREET ADDRESS CITY-ST-ZPP DELETE 2.1 TITLE 1.4 CITY-ST-ZPP DELETE 2.1 TITLE 1.4 CITY-ST-ZPP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITL			Registered Agent			10. Name and Address of New R	egistered Agent			
233 ROMANO AVE CORAL GABLES FL 33134 83 84 City FL 85 Zip Code* 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-marked 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-marked corporation submits this statement for the purpose of changing its registered agent, and section of the purpose of changing its registered agent, and section from the purpose of changing its registered agent, and	BRIT									
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicables. (NOTE: Registered Agent signature required when reinstating); DATE 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE P	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named corpo	oration submits this statement for the p	purpose of changing its	registered		
SIGNATURE	office or n	egistered agent, or both, in the State of	Florida, Such change was aut	thorized by	the corporatio	n's board of directors. I hereby, accept	the appointment as rec	jistered		
Signature, typed or printed name of registened agent and the if applicable. (NOTE: Respistence Agent agrinature required when minicativing); DATE OFFICERS AND DIRECTORS 13.	٠,	idilinia. with, and accept the obligatio	alo oi, decilori doz.oodo, i loni	aa Olalules	•			* *:		
12.		Signature, typed or orinted name of registered event a	nd title if applicable (NOTE: F	Registered Ager	nt signature required	when reinstating)	DATE			
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ses not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with a not had like expectaged. indicated on this annual report or supplemental annual report of supplemental annual report of supplemental annual report of supplemental annual report of the corporation of the receiper of trustee Block 12 or Block 13 if ghanged, of on an attachment with an

SIGNATURE