

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V67729** (6)

1. Corporation Name

**AUTOMATED PLASTICS, INC.**



Principal Place of Business

Mailing Address

**12178 SW 128TH ST.  
MIAMI FL 33186  
US**

**12532 SW 128TH ST.  
12178 SW 128TH ST.  
MIAMI FL 33186  
US**

3. Date Incorporated or Qualified

**09/28/1992**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

**21 13090 SW 132ND CT**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

City & State

City & State

**23 MIAMI FL**

**28**

Zip

Country

Zip

Country

**24 33186**

**25 DMDC**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERMAN, GERSHON  
12532 SW 128 ST.  
MIAMI FL 33186**

81 Name

**GERSHON BERMAN**

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

**13090 SW 132ND CT**

83

84

City **MIAMI FL**

**FL**

85 Zip Code **33186**

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

Signature typed or printed name of registered agent or officer or director

Signature typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**BERMAN, GERSHON**  
STREET ADDRESS **12178 SW 128TH ST.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DST**  
**BLACKBURN, JOHN**  
STREET ADDRESS **12178 SW 128TH ST.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **13090 SW 132ND CT**

1.4 CITY-STATE-ZIP **MIAMI FL 33186**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **13090 SW 132ND CT**

2.4 CITY-STATE-ZIP **MIAMI FL 33186**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

**GERSHON BERMAN** 1/8/96 1800 881 2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)