

**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 # 297750 (2)**

1. Corporation Name

**ALUMINUM MANUFACTURING INDUSTRIES INC**



Principal Place of Business

**7237 N.E. 4TH AVENUE  
P O BOX 38-1676  
MIAMI FL 33138-2315**

Mailing Address

**7237 N.E. 4TH AVENUE  
P O BOX 38-1676  
MIAMI FL 33138-2315**

3. Date Incorporated or Qualified  
**10/18/1965**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, ARTHUR J.  
5481 SW 55TH AVE.  
DAVIE FL 33140**

81 Name

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

83

84 City

**FL**

85

Zip Code

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 based on printed name of the officer, agent, and director.

(If the Registered Agent signature is prepared when filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | <b>P</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>PIERCE, A J</b>         |                                 |
| STREET ADDRESS  | <b>5481 S W 55TH AVE</b>   |                                 |
| CITY - ST - ZIP | <b>FT LAUD, FL 00000</b>   |                                 |
| TITLE           | <b>VP</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>PIERCE, GARY E.</b>     |                                 |
| STREET ADDRESS  | <b>5481 SW 55TH AVE.</b>   |                                 |
| CITY - ST - ZIP | <b>DAVIE FL</b>            |                                 |
| TITLE           | <b>T</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>PIERCE, ELIZABETH</b>   |                                 |
| STREET ADDRESS  | <b>5481 SW 55TH AVE.</b>   |                                 |
| CITY - ST - ZIP | <b>DAVIE FL</b>            |                                 |
| TITLE           | <b>S</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>HICHEZ, ANTONIA</b>     |                                 |
| STREET ADDRESS  | <b>3004 N 37TH TERRACE</b> |                                 |
| CITY - ST - ZIP | <b>HOLLYWOOD FL</b>        |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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\*\*\*400.00**

**5-1-96**

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 if changed, or on an attachment with an address.

SIGNATURE:

*A.J. Pierce* **A.J. Pierce** President 4/25/96 305 251 5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY, MONTH, YEAR

CR2E034 (12/95)