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**Feb 10 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 384730 (8)
1. Corporation Name
FERRO METAL & CHEMICAL CORP.



Principal Place of Business: **SUITE 1905
11111 BISCAYNE BLVD
MIAMI FL 33181-3404**

Mailing Address: **SUITE 1905
11111 BISCAYNE BLVD
MIAMI FL 33181-3404**

3. Date Incorporated or Qualified: **06/30/1971** 3a. Date of Last Report: **03/11/1996**

4. FEI Number: **13-4283550** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State: **23** Zip **24** Country **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State: **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEUERRING, RALPH R
687 OCEAN BLVD.
GOLDEN BEACH FL 33180**

81 Name: **FEUERRING, RALPH R**
82 Street Address (P.O. Box Number is Not Acceptable): **11111 BISCAYNE BLVD**
83
84 City: **MIAMI** **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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEUERRING, RALPH R.	
STREET ADDRESS	687 OCEAN BLVD.	
CITY - ST - ZIP	GOLDEN BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HILL, NICOLE F.	
STREET ADDRESS	6 HAMPTON ROAD	
CITY - ST - ZIP	PURCHASE NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEUERRING, GERTRUD	
STREET ADDRESS	55 CENTRAL PARK WEST	
CITY - ST - ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FEUERRING, MARLENE	
STREET ADDRESS	687 OCEAN BLVD.	
CITY - ST - ZIP	GOLDEN BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FEUERRING, RALPH R	
1.3 STREET ADDRESS	11111 BISCAYNE BLVD	
1.4 CITY - ST - ZIP	MIAMI, FL 33181	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	PURCHASE, NY 10577	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FEUERRING, MARLENE	
4.3 STREET ADDRESS	286 BAL BAY DRIVE	
4.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154	
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		

14. I do hereby certify that the information supplied with this filing 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 on each attachment with an address.

SIGNATURE: *Ralph R. Feurring* **RALPH R. FEUERRING** **305-895-2244**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)