

**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 # 844610 (6)**  
1. Corporation Name  
**LANCASTER STEEL CO., INC.**



Principal Place of Business: **1125 N E 7TH AVENUE, P O BOX 417, DANIA FL 33004**  
Mailing Address: **1125 N E 7TH AVENUE, P O BOX 417, DANIA FL 33004**

3. Date Incorporated or Qualified: **11/14/1979**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **13-5194685**  
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  
**VISMANTAS, ANDRIUS  
1125 NE 7TH AVE  
DANIA FL 33004**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DIDZIULIS, VITAUTAS	
STREET ADDRESS	5000 N OCEAN BLVD #1602	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VIALE, MARCOS	
STREET ADDRESS	1125 NE 7 AVE	
CITY-ST-ZIP	DANIA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VISMANTAS, ANDRIUS	
STREET ADDRESS	1125 NE 7 AVE	
CITY-ST-ZIP	DANIA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAAVEDRA MARIA DEL, CARMEN	
STREET ADDRESS	1125 NE 7 AVE.	
CITY-ST-ZIP	DANIA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIDZIULIS, VYTIS	
STREET ADDRESS	5100 NO OCEAN BLVD. #1212	
CITY-ST-ZIP	FT LAUDERDALE FL 33004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>D FERNANDO MUÑOZ</b>
5.3 STREET ADDRESS	<b>1125 N.E. 7th Ave.</b>
5.4 CITY-ST-ZIP	<b>DANIA FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D ALGIS DIDZIULIS</b>
6.3 STREET ADDRESS	<b>1125 N.E. 7th Ave.</b>
6.4 CITY-ST-ZIP	<b>DANIA FL</b>

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: *Marcos Viale* **MARCOS VIALE 1-29-96** **305 920 8100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)