

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G44504** (0)

1. Corporation Name

ANCHOR FENCE MANUFACTURING CORP.



Principal Place of Business

Mailing Address

**3670 NW 79 ST
MIAMI FL 33147**

**3670 NW 79 ST
MIAMI FL 33147**

2. Principal Place of Business

2a. Mailing Address

State: Apt. # etc.

State: Apt. # etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified

06/20/1983

3a. Date of Last Report

03/01/1995

4. FET Number

59-2322813

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES, OSCAR
13090 BISCAYNE ISLAND TERRACE
MIAMI FL 33147**

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 607.011(2) and 607.1502, 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. NAME
9. STREET ADDRESS
10. CITY-STATE-ZIP
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99. STREET ADDRESS
100. CITY-STATE-ZIP

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TORRES, OSCAR LUIS JR.
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MIAMI FL
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TORRES, OSCAR
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CABRERA, REBECA
13050 BISCAYNE ISL TERR
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
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10. NAME
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96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

☐ Change ☐ Addition

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14. I 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 change of name or address is being made.

SIGNATURE:

Oscar Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 691-7711
DATE

CR2E034 (12/95)