

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

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95 MAY 16 11:08:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H30262** (0)

1. Corporation Number  
**FLORIDA ALUMINUM CORPORATION**

Principal Place of Business: **12339 S.W. 132ND CT. MIAMI FL 33186**

Mailing Address: **12339 S.W. 132ND CT. MIAMI FL 33186**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State Apt # etc: **27**

23. City & State: **28**

24. City: **25** County: **29** State: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1984**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2476001**

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 is eligible for reduced fees under Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**CATRON WILLIAM M  
14814 SW 108 TERR  
SUITE 301  
MIAMI FL 33196**

10. Name and Address of New Registered Agent

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 607.0503 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOSO, ARTURO	1.2 NAME	
STREET ADDRESS	12339 S.W. 132 CT	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33186	1.4 CITY, ST, ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOSO, MARIELA	2.2 NAME	
STREET ADDRESS	12339 SW 132 CT	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33186	2.4 CITY, ST, ZIP	
TITLE	MAD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATRON, WILLIAM M.	3.2 NAME	
STREET ADDRESS	14814 SW 108 TERR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33196	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 419.07(3)(b), 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: Arturo Belloso **ARTURO BELLOSO PD** MAY 8 95 (305) 232-7304

SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR